

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Jackson
 Civil Dist. First
 OR
 Village Gainesboro
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

1845

CERTIFICATE OF DEATH

Registration District No. 4441
 Primary Registration District No. 44401

File No. 1

Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Tannie Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) 19 (Year)

7 AGE 27 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Housewife
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE Tennessee
 (State or country)

10 NAME OF FATHER Mrs. Stafford

11 BIRTHPLACE OF FATHER Tennessee
 [State or country]

12 MAIDEN NAME OF MOTHER Palley Harris

13 BIRTHPLACE OF MOTHER Jackson Co. Tenn
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filed Feb 26 1929 Mrs. M. H. Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 25 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 1929, to Jan 25, 1929, (that I last saw her alive on Jan 24, 1929, and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH* was as follows:
H. & P. Pneumonia

[Duration] _____ yrs. _____ mos. 8 ds.

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ ds.

Signed C. E. Reeves M. D.

4441 1929 Address Gainesboro Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

Smith Cemetery Jan 27 1929

20 UNDERTAKER _____ ADDRESS _____

Draper & Draper Gainesboro