

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

N. B. - 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. 4  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

1848

Registration District No. 44404  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 2

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mona Mayzell Clark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)

6 DATE OF BIRTH Feb 19 1914  
 (Month) (Day) (Year)

7 AGE 14 yrs. 11 mos. 7 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Jeffie Clark

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Viva Davis

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lorraine Clark  
 [Address] Red Bailing Springs

15 Filed 1-28-29 Pat Clark  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 27 1929  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from January 8 1929 to January 26 1929, that I last saw alive on Jan. 26 1929 and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH\* was as follows:

Influenza

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] Broncho Pneumonia

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed A. Kirby M. D.

Jan 27 1929 Address La Fayette 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 Red Bailing Springs Tenn

19 PLACE OF BURIAL OR REMOVAL

Clarks Cemetery Jan 28 1929

20 UNDERTAKER

Lor Witt Willette

Tenn