MARGIN RESERVED FOR BINDING
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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jack

Civil Dist. 15

or Village

or City (No. , St.; Ward)

Registration District No. 44015

Primary Registration District No. 448

File No. 5295 8

Registered No.

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

2 FULL NAME Virginia Heady

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH 1 (Month) (Day), 1 (Year)

7 AGE 26 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co

PARENTS

10 NAME OF FATHER High Filyrm

11 BIRTHPLACE OF FATHER [State or country] Ten

12 MAIDEN NAME OF MOTHER Ova Brown

13 BIRTHPLACE OF MOTHER [State or country] Ten

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed 191 Mrs. F. McCaron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 [Month] 19 [Day], 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 , to , 191 ,

that I last saw h alive on , 191 ,

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows: 31

Influenza contributing to T. B.

[Duration] 8 yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed M. D.

, 191 Address

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Toney cemetery

DATE OF BURIAL Feb. 20 1929

20 UNDERTAKER Mack Draper

ADDRESS Gainesboro

Form V. S. No. 4—20M. Tennessee Industrial School Print.