

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. 1st

OR  
Village

OR  
City near Gainesboro (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

8087

Registration District No. 441

File No. 9

Primary Registration District No. 44601

Registered No.

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

2 FULL NAME Adeline Lee

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
(Write the word)

6 DATE OF BIRTH Feb 8 1929  
(Month) (Day) (Year)

7 AGE 66 yrs. she said If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) don't know

10 NAME OF FATHER don't know

11 BIRTHPLACE OF FATHER [State or country] don't know

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER [State or country] don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] D. P. Anderson, P. H. Keiper

[Address] Gainesboro Tenn Route 4

15 Filed apr 9 1929 Mr M H Sittler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 8 1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from for several times 1929 to 1929, that I last saw him alive on Feb 17, 1929 and that death occurred, on the date stated above, at M

THE CAUSE OF DEATH\* was as follows:  
Cocaine of face  
48  
[Duration] yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed C. E. Reiers M. D.  
Nich 10, 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

20 UNDERTAKER ADDRESS