

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			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>12</u>			CERTIFICATE OF DEATH		
OR Village <u>Jay Gap</u>			Registration District No. <u>44412</u>		
OR City <u>Bearington</u> (No. <u>31</u>)			Primary Registration District No. <u>12</u>		
2 FULL NAME <u>Lucinda Pippin</u>			St.; Ward		
Registered No. <u>3</u>			File No. <u>3</u>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widow</u> (Write the word)	16 DATE OF DEATH <u>March 18 1929</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Aug 18 1847</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 1929</u> to <u>March 17, 1929</u> that I last saw her alive on <u>March 17, 1929</u> and that death occurred, on the date stated above, at <u>2 P M</u> The CAUSE OF DEATH* was as follows: <u>Influenza at old age</u> [Duration] yrs. <u>1</u> mos. ds.		
7 AGE <u>81</u> yrs. <u>7</u> mos. <u>25</u> ds. If LESS than 1 day, hrs. or min.?			Contributory (SECONDARY) [Duration] yrs. mos. ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Name she was blind</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired Housewife</u>			Signed <u>H R Millis</u> M. D. <u>Mar 25 1929</u> Address <u>Baxter Tenn</u>		
9 BIRTHPLACE (State or country) <u>Putnam Co Tenn</u>			* State the DISEASE CAUSING DEATH, or, deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, state whether or not an operation was performed.		
10 NAME OF FATHER <u>William H. Hatcher</u>			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.		
11 BIRTHPLACE OF FATHER [State or country] <u>Putnam Co Tenn</u>			19 PLACE OF BURIAL OR REMOVAL <u>Pippin cemetery</u> DATE OF BURIAL <u>March 18 1929</u>		
12 MAIDEN NAME OF MOTHER <u>Mary Bullington</u>			20 UNDERTAKER <u>Okla Fox Gammbarge</u> ADDRESS		
13 BIRTHPLACE OF MOTHER [State or country] <u>Putnam Co Tenn</u>			15		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Fannie Birdwell</u> [Address] <u>Gambbaro R #8</u>			Filed <u>Mar 25 1929</u> <u>J. B. Billingsley</u> REGISTRAR <u>Gambbaro R #3</u>		