

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. No. 1
 OR
 Village Yarmouth
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

10734

File No. L 0

Registered No. _____

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

2 FULL NAME Harriet Caroline Purvis

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 Mar 27 1929
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 17 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION None
 (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) Tenn

PARENTS

10 NAME OF FATHER John Purvis

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Georgia Audrey

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filed May 9 1929 W. H. Sells REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 14 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 14 1929 to Apr 14 1929, that I last saw h^ey alive on Apr 14 1929 and that death occurred, on the date stated above, at 7:30 M

The CAUSE OF DEATH* was as follows: Pneumonia 26

[Duration] _____ yrs. _____ mos. 3 ds.

Contributory [SECONDARY] _____

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

Signed W. H. Sells M. D. Apr 6 1929 Address Yarmouth

* 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 Home DATE OF BURIAL Apr 16 1929

20 UNDERTAKER W. H. Sells ADDRESS Yarmouth