

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 Jackson  
 Civil Dist. 6<sup>th</sup>  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44406 File No. 6  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

2 FULL NAME Theresa Lynn

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>77</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	16 DATE OF DEATH <u>April 8 1929</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Aug 11 1861</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>4-1 1928</u> , to <u>4-8 1929</u> , that I last saw her alive on <u>Apr 5 1929</u> and that death occurred, on the date stated above, at <u>7 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Heart Drapsey 87</u>		
7 AGE <u>67 yrs. 7 mos. 27 ds.</u>		If LESS than 1 day, _____ hrs. or _____ min.?	[Duration] <u>2</u> yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).			Contributory [SECONDARY] [Duration] _____ yrs. _____ mos.		
9 BIRTHPLACE (State or country)			Signed <u>R. L. Graw</u> M. D. <u>4-28 1929</u> Address <u>Sainesboro</u>		
PARENTS	10 NAME OF FATHER <u>John Webb</u>		* 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.		
	11 BIRTHPLACE OF FATHER (State or country)		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, not at place of death? Former or usual residence _____		
	12 MAIDEN NAME OF MOTHER <u>Susie Hentry</u>		19 PLACE OF BURIAL OR REMOVAL <u>Lynn Cemetery</u>		
13 BIRTHPLACE OF MOTHER (State or country)		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Lean Greenwood</u> [Address] <u>Sainesboro Tenn</u>		DATE OF BURIAL <u>4-10 1929</u>	
15 Filed <u>5/6 1929</u> <u>Mrs F. H. Norton</u> REGISTRAR			20 UNDERTAKER <u>Joe Lynn</u> ADDRESS <u>Sainesboro</u>		