

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. 0
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

10798

CERTIFICATE OF DEATH

Registration District No. 444
 Primary Registration District No. 3

File No. _____

Registered No. _____

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

2 FULL NAME Lula West

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED X
 (Write the word)

6 DATE OF BIRTH 2 22 1929
 (Month) (Day) (Year)

7 AGE About 40 years If LESS than 1 day, _____ hrs. or _____ min.?
 yrs. mos. ds.

8 OCCUPATION House Wife
 (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) Ill

10 NAME OF FATHER Wind Hunter

11 BIRTHPLACE OF FATHER [State or country] Ill

12 MAIDEN NAME OF MOTHER Bertie Hall

13 BIRTHPLACE OF MOTHER [State or country] Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Ernest Hall

[Address] Poplarburg

15 Filled May 12 1929 Bunney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb-24 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb-10 1929 to Feb-22 1929, that I last saw her alive on Feb-22 1929, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: Flu
Pneumonia
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed J. D. Deussen M. D.
3-7 1929 Address Whitleyville

* 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
Whitleyville 2-23 1929

20 UNDERTAKER ADDRESS
Tom Will Whitleyville