

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. _____
 OR
 Village _____
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

17722

Registration District No. 4406
 Primary Registration District No. _____

File No. 8

Registered No. _____
 [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Phelma Georgia Carlisle

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 11 16 1926
 (Month) (Day) (Year)

7 AGE 2 yrs. 5 mos. 24 ds. LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (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) Oklahoma

10 NAME OF FATHER Edgar Carlisle

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Elie Smith

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] George Carlisle
 [Address] Lanesboro R 2

15 Filed Aug 9 1929 Wm H Norton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 10 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1929 to June 25, 1929, that I last saw h^ey alive on June 25, 1929 and that death occurred, on the date stated above, at 10 AM

THE CAUSE OF DEATH* (was as follows) Pseudo-borrelia acute
88

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

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

Signed W. C. Law, M. D.
July 27, 1929 Address Lanesboro

* 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 New Hope DATE OF BURIAL June 11 1929

20 UNDERTAKER Cilos ADDRESS Lanesboro