

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.

7 ^{Howard} 27019

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dis. 9th
or
Village _____
or
City Cookville Registration District No. _____
Primary Registration District No. _____
No. R.#. 7 St.; _____ Ward _____
2 FULL NAME Mrs. Ella Pector File No. _____
Reg. No. P
(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>7</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Divorced, Widowed. <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Nov 7 1929</u> (Month) (Day) (Year)		
6 DATE OF BIRTH _____/_____/_____ (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attend deceased from <u>July 1 1928</u> to <u>Nov 7 1929</u> that I last saw h_____ alive on _____, 19____ and that death occurred, on the date stated above, at _____ M		
7 AGE <u>abt 20</u> yrs. ____ mos. ____ ds.		If LESS than 1 day, ____ hrs. or ____ min.?	The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> _____ (Duration) ____ yrs. ____ mos. ____ ds.		
8 OCCUPATION (a) Trade profession or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory (Secondary) (Duration) ____ yrs. ____ mos. ____ ds.		
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Signed <u>W. Howard</u> M. D. <u>11/7</u> , 19 <u>29</u> address <u>City</u>		
PARENTS	10 NAME OF FATHER <u>Joseph. Henley</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) <u>Tenn</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 _____		
	12 MAIDEN NAME OF MOTHER <u>Etha Gentry</u>		19 PLACE OF BURIAL OR REMOVAL <u>Spirit Chaph.</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>P. P. Gentry</u> (Address) <u>Cookville Tenn</u>		DATE OF BURIAL <u>11/8 1929</u>	
15 Filed <u>Dec 7 1929</u> <u>A. M. Ballard</u> Registrar			20 UNDERTAKER <u>Lee Whitson & Co</u>		ADDRESS <u>Cookville Tenn</u>