

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 Dis. 31
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

31474

File No. _____
 Reg. No. _____

2 FULL NAME

Annoda Draper

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fr 4 COLOR OR RACE W 5 Single, Married, Widowed, or divorced (Write the word) _____
 6 DATE OF BIRTH Dec 20 1846
 (Month) (Day) (Year)
 7 AGE 84 yrs. _____ mos. _____ ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION
 (a) Trade profession or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn. Jackson Co.

PARENTS
 10 NAME OF FATHER Adam Huffins
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Mandy White
 13 BIRTHPLACE OF MOTHER (State or country) Scott Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gora Draper
 (Address) Dixfield Tenn

15 Filed Dec 2 1929 Burley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 23 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from _____ 1929, to _____ 1929, that I last saw he alive on _____ 1929 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:

Necessary Agent

 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory _____
 (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 Signed _____ M. D.
 _____ 19 _____ address _____

*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 Compboun DATE OF BURIAL Aug 24 1929
 20 UNDERTAKER Mc Draper ADDRESS Bambers