

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. 117

or

Village _____

or

City _____

2 FULL NAME Patricia Hughes

STATE OF TENNESSEE

31476

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44

Primary Registration District No. 3714

File No. _____

Reg. No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or divorced (Write the word)

6 DATE OF BIRTH June 23 1891
(Month) (Day) (Year)

7 AGE 13 yrs. mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or country) Ill

10 NAME OF FATHER Cora Ramsey

11 BIRTHPLACE OF FATHER (State or country) Ill

12 MAIDEN NAME OF MOTHER Tommy Hughes

13 BIRTHPLACE OF MOTHER (State or country) Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cora Hughes

(Address) Garthogh Ill

15 Filed Dec 20 1929 Bing Ray Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attend deceased from _____ 19____, to _____ 19____, that I last saw h. alive on _____ 19____, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: Had no doctor 31
Mother said
this child had T. B. of lungs
(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 Deity Cemetery DATE OF BURIAL Apr 24 1929

20 UNDERTAKER Williams Bros ADDRESS Brownville