

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.

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH** 15828

1 PLACE OF DEATH  
 County Cook  
 Civil Dis. 1st  
 or  
 Village \_\_\_\_\_  
 or  
 City City (No. 211, Ordos St.; \_\_\_\_\_ Ward)

Registration District No. 721  
 Primary Registration District No. 27201

2 FULL NAME Mrs. Jennie Cannon

File No. \_\_\_\_\_  
 Reg. No. 34  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, Divorced, or <u>Widowed</u>
6 DATE OF BIRTH _____ (Month) (Day) (Year)		
7 AGE <u>alt - 21</u> yrs. ____ mos. ____ ds.		If LESS than 1 day, ____ hrs. or ____ min.?
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) _____		
9 BIRTHPLACE (State or country) <u>Tenn</u>		
PARENTS	10 NAME OF FATHER <u>Erb. Reed</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Addie Speakman</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH  
June 6 1929  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from April 21 1929, to May 6 1929, that I last saw her alive on May 6 1929 and that death occurred, on the date stated above, at 9:03 PM

The CAUSE OF DEATH\* was as follows:  
Chronic valvular heart disease

Duration) \_\_\_\_ yrs. 1 mos. 17 ds.

Contributory (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Signed J. R. Stone M. D.  
June 7 1929 address Rowlesville, Tenn

\*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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Rush Buck  
 (Address) City

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 \_\_\_\_\_

15 Filed July 4 1929 Shelma Moore Registrar

19 PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 6/8 1929  
 20 UNDERTAKER J. Whitson ADDRESS City