

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 2 STATE OF TENNESSEE  
 County White  
 Civil Dist. 3 STATE BOARD OF HEALTH  
 OR Bureau of Vital Statistics 11783  
 Village Doyle. Registration District No. 943  
 OR Primary Registration District No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) File No. 21  
 Registered No. 21  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jessie Lusk

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)

6 DATE OF BIRTH Nov 22 1921  
 (Month) (Day) (Year)

7 AGE 5 yrs. 5 mos. 19 ds. If 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) Tennessee

10 NAME OF FATHER Roosevelt Lusk

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Gertrude Cummings

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mrs. Ida Cummings  
 [Address] Doyle, Tenn

15 Filed May 14 1927 Wm J B Spawm  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 11 1927 to May 11 1927, that I last saw him alive on May 11 1927 and that death occurred, on the date stated above, at 8 AM  
 The CAUSE OF DEATH\* was as follows:  
Necrosis of frontal & ethmoidal base. Probably tubercular.  
fall [Duration] yrs. 185 mos. ds.  
 Contributory Permeated by accident  
 [SECONDARY] Injury [Duration] yrs. mos. ds.  
 Signed Edgar C Hawkins M. D.  
5/13 1927 Address Sparta Tenn  
 \* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Present Hill Cemetery DATE OF BURIAL 5/13 1927  
 20 UNDERTAKER H B Hunter ADDRESS Sparta