

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

19196

County White
Civil Dist. I3
OR
Village Clifty
OR
City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 943
Primary Registration District No. 13

File No. _____
Registered No. 10

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

2 FULL NAME Jinnie Lee Cope

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

16 DATE OF DEATH June 7 1927
[Month] [Day] [Year]

6 DATE OF BIRTH Oct 17 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1 1927 to June 7 1927 that I last saw her alive on June 7 1927 and that death occurred, on the date stated above, at 9 a.m.

7 AGE 0 yrs. 7 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows: Colitis

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

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) Fla

Signed E. B. Blank M. D.
July 7 1927 Address Bon Air Inn

10 NAME OF FATHER Thomas Cope

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Lucile Powers

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] D.W. Dodson [Address] Clifty, Tenn

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 _____ 1927 Mary I Cameron REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Clifty Cemetery DATE OF BURIAL 6/8 1927
20 UNDERTAKER H B Kuyler ADDRESS Sparta