

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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	
County .....					STATE DEPARTMENT OF HEALTH	
Civil Dis. ....					Division of Vital Statistics	
or					CERTIFICATE OF DEATH	
Village .....					Registration District No. ....	
or					Primary Registration District No. ....	
City .....					(No. 547 Troy St.; Ward)	
Length of residence in city or town where death occurred ..... yrs. .... mos. .... ds. How long in U. S. if of foreign birth? ..... yrs. .... mos. .... ds.					(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <b>JESSIE FARMER SR</b>					File No. <b>545</b>	
(a) Residence: No. <b>547 Troy</b> St. .... Ward. ....					Reg. No. <b>672</b>	
(Usual place of abode)					(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>M</b>	4. COLOR OR RACE <b>C</b>	5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word) <b>widowed</b>			21. DATE OF DEATH (month, day, and year) <b>Feb. 17, 1934</b>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from <b>2-14</b>			
6. DATE OF BIRTH (month, day, and year)			19 <b>34</b> to <b>2-15-34</b> , 19.....			
7. AGE Years Months Days If LESS than <b>57</b> 1 day, ..... hrs. of ..... min.			I last saw h. <b>im</b> alive on <b>2-15-34</b> , 19....., death is said to have occurred on the date stated above, <b>2:25 P.M.</b>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....			The principal cause of death and related causes of importance in order of onset were as follows: <b>Acute lobar pneumonia.</b>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....			Date of onset			
10. Date deceased last worked at this occupation (month and year).....			11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (city or town) (State or country)			Contributory causes of importance not related to principal cause:			
<b>La.</b>						
13. NAME			Name of operation .....			
14. BIRTHPLACE (city or town) (State or country)			Date of .....			
15. MAIDEN NAME <b>Lucindia Jones</b>			What test confirmed diagnosis? .....			
16. BIRTHPLACE (city or town) (State or country)			Was there an autopsy? .....			
<b>La.</b>			23. If death was due to external causes (violence) fill in also the following:			
17. INFORMANT <b>Hattie Mae Simons</b> (Address) <b>731 Hastings</b>			Accident, suicide, or homicide? .....			
18. BURIAL, CREMATION OR REMOVAL Place <b>Mt. Carmel</b> Date <b>2-20-34</b>			Date of injury .....			
19. UNDERTAKER <b>S.W. Qualls and Co</b> (Address) .....			Where did injury occur? .....			
20. FILED <b>2-20-34</b>			(Specify city or town, county, and State)			
<b>L.M. Graves</b>			Specify whether injury occurred in industry, in home, or in public place.			
			Manner of injury .....			
			Nature of injury .....			
			24. Was disease or injury in any way related to occupation of deceased? .....			
			If so, specify .....			
			(Signed) <b>F. J. Stewart</b>			
			(Address) .....			