

1 PLACE OF DEATH

County JacksonCivil Dist. 11th

Village

City

Registration District No. 4-4-11

Primary Registration District No.

St. Ward

File No.

Registered No. 1

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

299

CERTIFICATE OF DEATH

2 FULL NAME Pink Pearl Rippe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Married

6 DATE OF BIRTH

12 25 1847

7 AGE

77 0 15

IF LOSS (Day)

2 days, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or vocation (State or county)

(b) Character of industry, business, or establishment in which employed (or none)

Housewife

9 BIRTHPLACE (State or country)

Tenn.

10 NAME OF FATHER

Brian Rippe

11 BIRTHPLACE OF FATHER (State or country)

Tenn.

12 MAIDEN NAME OF MOTHER

Betie Hanson

13 BIRTHPLACE OF MOTHER (State or country)

Tenn.

14 TRUE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. Rippe

(Address)

Jamesboro R3

15

2/10, 1925 L.R. Anderson

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

1 10 2517 I HEREBY CERTIFY that I attended deceased from Dec 17, 1924 to Jan 10, 1925and that death occurred on the day stated above at 10:30

The CAUSE OF DEATH was as follows:

Cancer, O.P. of LungsDuration 5 yrs. mo. da.Cause of Death Asphyxiation(Duration) 10 yrs. mo. da.Name of Physician R. Anderson M. D.Address Jamesboro, Tenn.

18 LENGTH OF RESIDENCE (FOR HOSPITAL, INSTITUTION, TRANSFERRED OR DECENT RESIDENCE)

At place of death 77 yrs. mo. da. State Tenn.Where was deceased born? State Tenn.

Place of usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Brown Cem 1/11 25

20 UNDERTAKER

ADDRESS

Chas. Hopkins Jamesboro

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. - Every item of information should be carefully reported. AGE should be noted 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.