

CERTIFICATE OF DEATH

22689

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIVISION OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 154
REG. DIST. NO. 11203

FULL NAME Janice Bessie Bradley Jackson DATE OF DEATH Apr 16 1947
FIRST MIDDLE LAST MONTH DAY YEAR

PLACE OF DEATH
COUNTY Pulaski DISTRICT 2

USUAL RESIDENCE AT STATE
COUNTY Pulaski DISTRICT 2

CITY OR TOWN Coopersville R-4
(IF ADDRESS CITY LIMITS, WHITE LOCAL)

CITY OR TOWN Coopersville R-4
(IF ADDRESS CITY LIMITS, WRITE STREET, CITY, STATE)

NAME OF HOSPITAL
LENGTH OF STAY IN HOSPITAL

STREET NO.
CITIZEN OF FOREIGN COUNTRY
IF YES, NAME COUNTRY

RACE OR COLOR W SEX F SINGLE, MARRIED, WIDOWED, DIVORCED
AGE 78 YEARS BIRTH DATE 24 IF LESS THAN ONE DAY SEX NAME

MEDICAL CERTIFICATION
I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 2 1947 TO May 3 1947 AND THAT I LAST SAW HIM ALIVE ON May 3 1947 AND THAT DEATH OCCURRED ON THE DATE STATED AT

DATE OF BIRTH Dec 24 YEAR 1868

IMMEDIATE CAUSE OF DEATH
Heart Failure DURATION 200

PLACE OF BIRTH Term
HUSBAND OR WIFE OF William S Jackson
AGE OF HUSBAND OR WIFE, IF LIVING

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

IF VETERAN SOCIAL SECURITY NUMBER
NAME OF WAR

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

USUAL OCCUPATION House Keeper

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

INDUSTRY OR BUSINESS

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

DECEASED'S NAME Joseph Bradley
BIRTHPLACE Term

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

MARRIAGE REGISTERED NAME Sallie Whelan
BIRTHPLACE Pulaski STATE OF Tenn

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

INFORMANT Vivian M O'Callan
ADDRESS 708 S. Madison St. Coopersville

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

BUNIAL REMOVAL OR CREMATION Funeral DATE Apr 16 1947
CEMETERY Wm PLACE Pulaski

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

UNDERTAKER Gay-Turner Home
ADDRESS Mohr BY Tom Gay

OTHER CONDITIONS
(INCLUDE FRESHNESS WITHOUT NOTING OF DEATH)

DATE FILED 10-10 BY ET Coopersville

SIGNATURE [Signature]
ADDRESS Coopersville STATE SIGNED 10/10/47

THIS IS A LEGAL RECORD AND SHALL BE PERMANENTLY FILED
IN THE OFFICE OF THE REGISTRAR
ALL CHANGES MUST BE CORRECTED IMMEDIATELY
THE UNDERSIGNED, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE CORRECTED CERTIFICATE WITHIN THE REGULAR OFFICE HOURS OF THE BUREAU WHERE DEATH OCCURRED
THE REGISTRAR MUST BE REQUESTED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION
IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORPSE) OR BY SURVEYOR (IF DECEASED WAS HELD)
ALL CORRECTED COPIES ARE MADE WITH A PHOTOGRAPH