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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

449

1 PLACE OF DEATH

County Benton

Civil Dist. 11

or Village

or City (No. , St.; Ward)

Registration District No. 33 File No. 96

Primary Registration District No. 40311 Registered No. 2

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

2 FULL NAME Arazzy Lynch

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
F	W	M

6 DATE OF BIRTH: Aug (Month) 8 (Day) , 1878 (Year)

7 AGE: 45 yrs. 5 mos. 10 ds. If LESS than 1 day, ----hrs. or ----min.?

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

9 BIRTHPLACE (State or country): Benton Co Tenn

PARENTS

10 NAME OF FATHER: Wm Loveland

11 BIRTHPLACE OF FATHER (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Lena Ford

13 BIRTHPLACE OF MOTHER (State or country): Benton Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvin Lynch

(Address) London Tenn

15 Filed 1/19, 1924 E H Hatley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 18 (Day), 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1924, to Jan 18, 1924; that I last saw h[illegible] alive on Jan 18, 1924; and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH * was as follows:

Bronchitis

(Duration) yrs. mos. 12 ds.

Contributory (SECONDARY) Measles, Rheumatic Fever

(Duration) yrs. mos. ds.

(Signed) W P McBee M. D.

Jan 18, 1924 (Address) Camden 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	DATE OF BURIAL
Loper Cemetery	1/19, 1924
20 UNDERTAKER: H E Barnes	ADDRESS: Camden Tenn

Form V.S. No. 4—100M. • FOSTER & PARKES CO., NASHVILLE