

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

County Jackson
 Civil Dist. 4th
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44404 File No. 1208
 Primary Registration District No. _____ Registered No. 2

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

2 FULL NAME Ella V. Hudson

PERSONAL AND STATISTICAL PARTICULARS

8 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (Write the word)
8 DATE OF BIRTH <u>Dec</u> <u>27</u> , 19 <u>16</u> (Month) (Day) (Year)		
7 AGE _____ yrs. _____ mos. <u>18</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Tennessee</u>		
PARENTS	10 NAME OF FATHER <u>John Hudson</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>	
	12 MAIDEN NAME OF MOTHER <u>Sarah Shrum</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) WB Hudson
 (Address) Red Bailing Springs

15 Filed Jan 18, 1917 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
January 15, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1917, to Jan 15, 1917, that I last saw her alive on Jan 14, 1917, and that death occurred, on the date stated above, at 26 m.

The CAUSE OF DEATH* was as follows:

acute Peritonitis 126

 _____ (Duration) _____ yrs. _____ mos. 3 ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Frank R. Clark, M. D.
Jan 25, 1917. (Address) Waynesburg

*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

Francis Grace Ford Jan 18, 1917

20 UNDERTAKER ADDRESS

Bailey Clark Whitleyville
(act)