

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 669
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 442

File No. 902

Primary Registration District No. _____

Registered No. 8

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

2 FULL NAME Ova Bell Taylor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>8</u> (Write the word)
6 DATE OF BIRTH <u>August 16, 1914</u> (Month) (Day) (Year)		
7 AGE <u>2</u> yrs. <u>8</u> mos. <u>8</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>Gainesbord</u>		
PARENTS	10 NAME OF FATHER <u>Charley Taylor</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Gainesbord</u>	
	12 MAIDEN NAME OF MOTHER <u>Louisa Taylor</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Gainesbord</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charley Taylor
 (Address) Gainesbord

15

Filed March 25 1917. A. J. Pharris
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
March 24, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows: 2056
no medical aid in at
Residence
A. J. Pharris Reg.
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
 (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____, M. D.
 _____, 191____ (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

● 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 <u>New Hope</u>	DATE OF BURIAL <u>March 25, 1917</u>
20 UNDERTAKER <u>D. B. Taylor</u>	ADDRESS <u>Gainesbord</u>