

MARGIN RESERVED FOR BINDING
 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

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 1st Registration District No. 441 File No. 294
 or Village Union Primary Registration District No. 24401 Registered No. _____
 or City _____ (No. _____, St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Marion Louise W. Carter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Dec 24, 1885
(Month) (Day) (Year)

7 AGE 31 yrs. 9 mos. 7 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) Tennessee

PARENTS

10 NAME OF FATHER Wm. Carter

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Fannie Carter

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from one year 1916, to _____, 1917, that I last saw her alive on Feb 10, 1917, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows: Tuberculosis 31

(Duration) 2 yrs. ____ mos. ____ ds.

Contributory not known
(SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) S. B. Carter, M. D.
(Address) Union, 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 ____ yrs. ____ mos. ____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Wm. Carter
 (Address) Union, Tenn.

15 Filed April 6, 1917 W. H. Carter
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Marion Cemetery DATE OF BURIAL April 1, 1917

20 UNDERTAKER M. J. Cannon & Co. ADDRESS Union, Tenn.