

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. 13
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 48413 File No. _____
 Primary Registration District No. 13 Registered No. _____

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

2 FULL NAME Sally Carter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
 (Write the word)
 6 DATE OF BIRTH July 6, 1882
 (Month) (Day) (Year)

7 AGE 74 yrs. 8 mos. 27 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) Tenn.

PARENTS
 10 NAME OF FATHER Phillip Crowder
 11 BIRTHPLACE OF FATHER (State or country) Don't know
 12 MAIDEN NAME OF MOTHER Nancy Bailey
 13 BIRTHPLACE OF MOTHER (State or country) V.A.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) G. P. Carter
 (Address) Whitleyville Tenn.

15 Filed 11-21, 1917 J. D. Deems
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 2, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov-22 1917, to April 2, 1917, that I last saw her alive on April 2, 1917, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Leipipie
 (Duration) ---- yrs. ---- mos. 12 ds.

Contributory (SECONDARY) _____
 (Duration) ---- yrs. ---- mos. ---- ds.
 (Signed) _____, M. D.
April 4, 1917 (Address) J. D. Deems

*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 74 yrs. 8 mos. 27 ds. In the State ---- yrs. ---- mos. ---- ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence Whitleyville Tenn.

19 PLACE OF BURIAL OR REMOVAL W.C. & W.C. Burial Soc. DATE OF BURIAL 4-4, 1917

20 UNDERTAKER None ADDRESS _____