

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. 3  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44403 File No. 270  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

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

2 FULL NAME Anzie Bee Hunter

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 6, 1899  
(Month) (Day) (Year)

7 AGE 18 yrs. 10 mos. 0 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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

9 BIRTHPLACE Tenn.  
(State or country)

10 NAME OF FATHER Robert Hunter

11 BIRTHPLACE OF FATHER Tenn.  
(State or country)

12 MAIDEN NAME OF MOTHER Elvora Hall

13 BIRTHPLACE OF MOTHER Tenn.  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ervin Hall

(Address) Haydenburg Tenn.

15 Filed Apr. 10, 1917 M. H. Dycie  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 6, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1916, to Apr. 6, 1917, that I last saw her alive on Apr. 5, 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Lung  
 (Duration) 1 yrs. 1 mos. 26 ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) V. Sidwell, M. D.  
Apr. 6, 1917 (Address) Haydenburg 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 Mitchey Gravenard DATE OF BURIAL Apr. 6, 1917

20 UNDERTAKER Love Pitt ADDRESS Millette Tenn.