

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. H 4 Registration District No. 44404 File No. _____
 or Village _____ Primary Registration District No. _____ Registered No. 8
 or City _____ (No. _____, St.; _____ Ward)
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Minnie B Lee

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 May 12, 1881
(Month) (Day) (Year)

7 AGE 35 yrs. 11 mos. 26 ds. If LESS than 1 day, -----hrs. or -----min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Abraham Monday

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Emolie Monday
 (Address) Haydenburg, Tenn

15 Filed May 8, 1917 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 8, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____
no physician, to _____
 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:
The mid wife says the woman was in labor but does not know just what caused death
 (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) _____
 (Duration) ----- yrs. ----- mos. ----- ds.
 (Signed) Pat Clark, reg.
May 8, 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 Monday Grave Rd DATE OF BURIAL 6-8, 1917

20 UNDERTAKER R N Webb, act ADDRESS Haydenburg Tenn