

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 11 Registration District No. XXV 11 File No. 205  
 or  
 Village \_\_\_\_\_ Primary Registration District No. 11 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 Rebecca Jones

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH 4 20, 1892  
(Month) (Day) (Year)

7 AGE 25 yrs. 1 mos. 10 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS  
 10 NAME OF FATHER Geo. Brown  
 11 BIRTHPLACE OF FATHER (State or country) Tenn.  
 12 MAIDEN NAME OF MOTHER Harris  
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH 5 30, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 5/13, 1917, to 5/30, 1917, that I last saw her alive on 5/30, 1917, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Chronic nephritis  
History dates 3 yrs  
or more  
(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. mos. ds.

(Signed) L. R. Anderson, M. D.  
5731, 1917 (Address) Gainesboro

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Frank Jones  
 (Address) Gainesboro P.H. 4

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 \_\_\_\_\_

15 Filled 6/8, 1917 by L. R. Anderson  
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Anderson cemetery DATE OF BURIAL 5/31, 1917  
 20 UNDERTAKER J. G. Hogg ADDRESS Gainesboro