

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		STATE OF TENNESSEE	
County	Jackson Co.	3435	STATE BOARD OF HEALTH Bureau of Vital Statistics
Civil Dist.	1	Registration District No.	441
Village		Primary Registration District No.	24401
City		(No. _____, _____ St.; _____ Ward)	Registered No. _____
2 FULL NAME		Perry Maudie Harry	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
male	white	single	June 20, 1917 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,		
June 20, 1917 (Month) (Day) (Year)	that I last saw h_____ alive on _____, 191____,		
7 AGE	and that death occurred, on the date stated above, at _____ m.		
_____yrs. _____mos. _____ds.	The CAUSE OF DEATH* was as follows:		
8 OCCUPATION	X Don't know		
(a) Trade, profession, or particular kind of work	_____		
(b) General nature of industry, business, or establishment in which employed (or employer)	_____		
9 BIRTHPLACE (State or country)	_____ (Duration) _____ yrs. _____ mos. _____ ds.		
Jackson Co.	Contributory _____ (SECONDARY)		
10 NAME OF FATHER	_____ (Duration) _____ yrs. _____ mos. _____ ds.		
Harrison Harry	(Signed) Maudie Stafford, M.D.		
11 BIRTHPLACE OF FATHER (State or country)	_____ 191____ (Address) _____		
Jackson Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Eda Belle Meadows	At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
13 BIRTHPLACE OF MOTHER (State or country)	Where was disease contracted, If not at place of death? _____		
Putnam Co.	Former or usual residence _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
(Informant) Harrison Harry	John Young Gentry		June 21, 1917
(Address) Gainesboro.	20 UNDERTAKER		ADDRESS
_____ (Address) _____	Pete Bisco & Co.		Gainesboro, Tenn.
15	Filed June 20, 1917		W. N. Settle
			REGISTRAR