

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 240

1 PLACE OF DEATH
County Jackson
Civil Dist. See Registration District No. _____
or Village _____ Primary Registration District No. R4402 Registered No. 4
or City _____ (No. _____, St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Georgie May Jones

PERSONAL AND STATISTICAL PARTICULARS **MEDICAL CERTIFICATE OF DEATH**

3 SEX Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** _____
(Write the word)

16 DATE OF DEATH Oct 25, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 10, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

7 AGE _____ yrs. 2 mos. 15 ds. **If LESS than 1 day, -----hrs. or -----min.?**

The CAUSE OF DEATH* was as follows:
Stroke from spinal cord
154c
(Duration) _____ yrs. _____ mos. _____ ds.

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

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. E. Richmond, Registrar
Dec 10, 1917 (Address) Gainesboro

9 BIRTHPLACE (State or country) Jackson

10 NAME OF FATHER Bee Jones

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Alora Guarch

13 BIRTHPLACE OF MOTHER (State or country) Tenn

*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

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 _____

(Informant) Bee Jones, Father

(Address) Gainesboro

19 PLACE OF BURIAL OR REMOVAL Brooks Cem **DATE OF BURIAL** Oct 26, 1917

15 Filed Dec 10, 1917 J. E. Richmond
REGISTRAR

20 UNDERTAKER J. C. Roberts **ADDRESS** Gainesboro