

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
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

County Jackson Registration District No. 7440 6 File No. 13
 Civil Dist. 5th or Grainville Primary Registration District No. 7 Registered No. _____
 Village _____ or _____ City _____ (No. _____, St.; _____ Ward)

2 FULL NAME Miss Anna Williams

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov. 3, 1917
(Month) (Day) (Year)

7 AGE 16 yrs. 16 mos. 16 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Grainville Tenn

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Emma Stockton

13 BIRTHPLACE OF MOTHER (State or country) Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 3, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1917, to Nov. 3, 1917, that I last saw her alive on Nov. 2, 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:
Malarial fever compli-
cated by inflammation of
the brain
 (Duration) about 10 days

Contributory Chronic abscess of ear
(SECONDARY)
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. B. Smith, M. D.
Dec. 1, 1917 (Address) Grainville 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. B. Smith
 (Address) Grainville Tenn

15 Filed Dec 10, 1917 W. R. Watts
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Watts Graveyard DATE OF BURIAL Nov 4, 1917

20 UNDERTAKER Williamson ADDRESS Grainville