

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 <u>Jackson</u>		STATE BOARD OF HEALTH	
Civil Dist. <u>13</u>		Bureau of Vital Statistics	
or		CERTIFICATE OF DEATH	
Village _____	Registration District No. <u>44413</u>	File No. _____	
or	Primary Registration District No. <u>13</u>	Registered No. <u>10</u>	
City _____ (No. _____, St.; _____ Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Mildred Hig</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>	16 DATE OF DEATH <u>Nov-3, 1917</u>
6 DATE OF BIRTH <u>Aug-2, 1917</u>		(Month) (Day) (Year)	
7 AGE <u>2</u> yrs. <u>1</u> mos. <u>1</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		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.
8 OCCUPATION		The CAUSE OF DEATH * was as follows: <u>2054</u>	
(a) Trade, profession, or particular kind of work <u>None</u>	(b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		<u>Heart no longer</u>
9 BIRTHPLACE (State or country) <u>Tenn</u>	(Duration)..... yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Joseph Owen Hig</u>	Contributory (SECONDARY) _____	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>(Duration)..... yrs. mos. ds.	
	12 MAIDEN NAME OF MOTHER <u>Netta Heady</u>	(Signed) _____, M. D.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	_____, 191____ (Address) _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>J. D. Jones</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Address) <u>Whitelyville</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
15 Filled <u>Nov 4, 1917</u> <u>J. D. Jones</u> REGISTRAR		At place of death _____ yrs. <u>3</u> mos. <u>1</u> ds. In the State _____ yrs. <u>3</u> mos. <u>1</u> ds.	
		Where was disease contracted, if not at place of death? _____	
		Former or usual residence _____	
		19 PLACE OF BURIAL OR REMOVAL <u>Gr. Jones</u>	DATE OF BURIAL <u>Nov 4, 1917</u>
		20 UNDERTAKER <u>None</u>	ADDRESS _____