

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

255

County Jackson

Civil Dist. 11

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. 44411

Primary Registration District No. 11

File No. _____

Registered No. 12

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

2 FULL NAME Nancy Adeline Darwin Hogg

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH 11 25, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH 3 12, 1882
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1917, to Nov 25, 1917, that I last saw her alive on Nov 25, 1917, and that death occurred, on the date stated above, at 11 P.M.

7 AGE 75 yrs. 8 mos. 13 ds. IF LESS than 1 day, ---hrs. or ---min.?

The CAUSE OF DEATH* was as follows:
Acute Rigidity of L.V.
with

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

(Duration) 2 1/2 yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) Tenn.

Contributory Acute Dilatation of L.V.
(SECONDARY)

10 NAME OF FATHER Cowan Darwin

(Duration) _____ yrs. _____ mos. 1/2 ds.

11 BIRTHPLACE OF FATHER (State or country) N. Carolina

(Signed) L. R. Anderson, M. D.

12 MAIDEN NAME OF MOTHER Margaret Richmond

11/26, 1917 (Address) Gainesboro

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. 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) Miss Theo Hogg

19 PLACE OF BURIAL OR REMOVAL Darwin Cemetery DATE OF BURIAL 11/27, 1917

(Address) Gainesboro, Tenn.

15 Filed 12/12, 1917 L. R. Anderson
REGISTRAR

20 UNDERTAKER McGowan Stafford ADDRESS Gainesboro