

WHILE CLAIMING WITH OUTGAINING INSURANCE 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

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 14 Registration District No. 44414 File No. _____
 or Village Defeated Primary Registration District No. _____ 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 Stella Sircy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Write the word

6 DATE OF BIRTH July 16, 1917
(Month) (Day) (Year)

7 AGE 4 yrs. 4 mos. 12 ds. If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
 (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) Tennessee

PARENTS

10 NAME OF FATHER Ira Sircy

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) T. O. Leonard, M.D.
 (Address) Bagdad, Tenn.

15 Filled Dec 7, 1917 C. Carter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 28, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 1917, to Dec 21, 1917, that I last saw her alive on Dec 21, 1917, and that death occurred, on the date stated above, at 12 m.
 The CAUSE OF DEATH* was as follows:
Intestinal toxemia
113

(Duration) ---- yrs. ---- mos. ---- ds.
 Contributory Battle feed
 (SECONDARY) (Duration) ---- yrs. ---- mos. 10 ds.
 (Signed) T. O. Leonard, M. D.
Dec 7, 1917 (Address) Bagdad, 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 _____

19 PLACE OF BURIAL OR REMOVAL Dixon, Ill. DATE OF BURIAL Nov 30, 1917

20 UNDERTAKER None ADDRESS _____