STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

259

1 PLACE OF DEATH

County Jackson

Civil Dist. 14 or Village or City ____ (No. ____, ____ St.; ____ Ward)

Registration District No. 44414

Primary Registration District No. ____

File No. ____

Registered No. 81

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

2 FULL NAME Della Sirey.

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 (Month) 16 (Day), 1917 (Year)

7 AGE: ____ yrs. 4 mos. 20 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) Tenn.

PARENTS

10 NAME OF FATHER: Ira Sirey.

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. A. Cornwell M.D.
(Address) Boydad, Tenn.

15 Filed Dec 7, 1917 C. E. Carter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 6 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov- 27 1917, to Dec 5, 1917, that I last saw her alive on Dec 5, 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows: 113

Intestinal Toxemia

(Duration) ____ yrs. 12 mos. 12 ds.

Contributory (SECONDARY) Bath Fed

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) T O Cornwell, M. D.

Dec 5, 1917 (Address) Boydad

*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 G Y

DATE OF BURIAL: Dec 7, 1917

20 UNDERTAKER: none

ADDRESS ____

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.

WHILE FAMILY WILL FURNISH THIS IS A PERMANENT RECORD

Form V.S. No. 4—100M. FOSTER & PARKER CO., NASHVILLE