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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

261

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 3 or Village or City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 44403 File No. _____

Primary Registration District No. _____ Registered No. 7

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

2 FULL NAME Vera May Brown

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: Aug. (Month) 9 (Day), 1897 (Year)

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

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

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Callie Cornwell

13 BIRTHPLACE OF MOTHER (State or country): Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Callie Brown
(Address) Haydenburg Tenn.

15
Filed Dec. 17, 1917 M. H. Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 10 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 1917, to Dec. 10, 1917, that I last saw her alive on Dec. 10 1917, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Morbus Maculosus (69)
Neonatorum

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

Contributory (SECONDARY) _____
(Duration) ____ yrs. ____ mos. 28 ds.

(Signed) F. O. Cornwell, M. D.
Dec. 11, 1917 (Address) Haydenburg 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: _____ DATE OF BURIAL: Dec. 11, 1917

20 UNDERTAKER: W. L. Good ADDRESS: Willett Tenn.

Form V. S. No. 1—100M.