

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.

1 PLACE OF DEATH		STATE OF TENNESSEE	
County <u>Jackson</u>	Civil Dist. <u>1</u>	Registration District No. <u>47</u>	File No. <u>34</u>
Village <u>Gainesboro</u>	City _____ (No. _____, St.; _____ Ward)	Primary Registration District No. <u>2440</u>	Registered No. _____
2 FULL NAME <u>Not Named</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
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> (Write the word)	16 DATE OF DEATH <u>Dec. 10, 1917</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Dec. 10, 1917</u> (Month) (Day) (Year)		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.	
7 AGE _____-yrs. _____-mos. _____-ds. If LESS than 1 day, <u>17</u> hrs. or _____ min.?		The CAUSE OF DEATH* was as follows: <u>Ram before time, 10/6</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		_____ (Duration) _____-yrs. _____-mos. _____-ds.	
9 BIRTHPLACE (State or country) <u>Jackson Co., Tenn</u>		Contributory _____ (SECONDARY)	
PARENTS	10 NAME OF FATHER <u>Charly Rush</u>	_____ (Duration) _____-yrs. _____-mos. _____-ds.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co.</u>	(Signed) <u>Morris Brady, M.D.</u> _____, 191____ (Address) <u>Gainesboro, Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Mary Slafford</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co.</u>	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 _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Charly Rush</u> (Address) <u>Gainesboro, Tenn</u>		19 PLACE OF BURIAL OR REMOVAL <u>Charlottesville</u> DATE OF BURIAL <u>Dec. 11, 1917</u>	
15 Filed <u>Jany 1, 1918</u> <u>W. S. Little</u> REGISTRAR		20 UNDERTAKER <u>none</u> ADDRESS _____	