

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. 13 Registration District No. 44413 File No. \_\_\_\_\_  
 or Village \_\_\_\_\_ Primary Registration District No. 13 Registered No. 34  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Netta Agnes McCain

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Oct. 25, 1898  
 (Month) (Day) (Year)

7 AGE 29 yrs. 1 mos. 15 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Jamies Perry Polson  
 11 BIRTHPLACE OF FATHER (State or country) Ky.  
 12 MAIDEN NAME OF MOTHER Carina Lee Smith  
 13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. P. Polson  
 (Address) Whitbyville

15 Filed Dec 10, 1917 J. D. Duncanson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17 I HEREBY CERTIFY, That I attended deceased from March 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 12:30 m.

The CAUSE OF DEATH\* was as follows:  
Subacute Pulmonary  
31

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 (Signed) J. D. Duncanson M. D.  
Dec 10, 1917 (Address) Whitbyville

\*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 29 yrs. 1 mos. 15 ds. In the State 29 yrs. 1 mos. 15 ds.  
 Where was disease contracted, if not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Jackson County DATE OF BURIAL Dec 11, 1917  
 20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_