

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>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>3</u>		CERTIFICATE OF DEATH	
or Village _____		Registration District No. <u>44403</u>	File No. _____
or City _____ (No. _____, St.; _____ Ward)		Primary Registration District No. <u>11</u>	Registered No. <u>1</u>
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Edith May Blankenship</u>			
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 (Write the word)	16 DATE OF DEATH <u>Dec-16</u> _____, 191 <u>7</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Nov</u> _____, <u>6</u> 191 <u>2</u> <u>Dec</u> _____, _____ (Month) (Day) (Year)	7 AGE <u>5</u> yrs. <u>0</u> mos. <u>10</u> ds.	17 I HEREBY CERTIFY, That I attended deceased from <u>Dec-16</u> 191 <u>7</u> , to <u>Dec-16</u> 191 <u>7</u> , that I last saw her alive on <u>Dec-16</u> , 191 <u>7</u> , and that death occurred, on the date stated above, at <u>1026</u> ft.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		The CAUSE OF DEATH* was as follows: <u>Laryngeal Diphtheria</u> <u>10</u>	
9 BIRTHPLACE (State or country) <u>Tenn.</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Merwin Blankenship</u>	Contributory <u>Measles</u> (SECONDARY)	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>	(Duration) _____ yrs. _____ mos. _____ ds.	
	12 MAIDEN NAME OF MOTHER <u>Gider Sloan</u>	(Signed) <u>F. P. Ormirell</u> , M. D. <u>Dec-17, 1917</u> (Address) <u>Dayton, Tenn.</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Gider Sloan</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 _____	
(Address) <u>Haydenburg Tenn.</u>		19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191 <u>7</u>	
15 Filed <u>Dec 20</u> , 191 <u>7</u> <u>M. H. Dycus</u> REGISTRAR	20 UNDERTAKER _____ ADDRESS _____		