

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

267

**1 PLACE OF DEATH**

County Jackson

Civil Dist. 11 Registration District No. 44411 File No. 7

or Village \_\_\_\_\_ Primary Registration District No. 11 Registered No. 7

or City \_\_\_\_\_ (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward \_\_\_\_\_

**2 FULL NAME** Bessie Petty

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female

**4 COLOR OR RACE** white

**5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
(Write the word)

**6 DATE OF BIRTH** 1 20, 1911  
(Month) (Day) (Year)

**7 AGE** 6 yrs. 11 mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

**9 BIRTHPLACE** (State or country) Tenn.

**PARENTS**

**10 NAME OF FATHER** Lester Petty

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

**12 MAIDEN NAME OF MOTHER** Martha Davis

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

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Lester Petty  
 (Address) Gainesboro R#4

**15**  
 Filed 1/8, 1918 L. P. Anderson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** \_\_\_\_\_ 12 20, 1917  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from 12/12 1917, to 12/20, 1917, that I last saw her alive on 12/20, 1917, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH\* was as follows: Acute Chorea

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. P. Anderson, M. D.  
1/8, 1917. (Address) Gainesboro R#4

\*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** Whitaker Cemetery **DATE OF BURIAL** 12/21, 1917

**20 UNDERTAKER** D. T. Brown **ADDRESS** Gainesboro