

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  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

Registration District No. 44413 File No. 18  
 Primary Registration District No. 13 Registered No. 18

2 FULL NAME Josie Eugene

[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 Widow  
Write the words

6 DATE OF BIRTH Sept - 18, 1844  
(Month) (Day) (Year)

7 AGE 73 yrs. 3 mos. 6 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 2

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

9 BIRTHPLACE (State or country) Gen

PARENTS

10 NAME OF FATHER James Gentry  
 11 BIRTHPLACE OF FATHER (State or country) Dist Know  
 12 MAIDEN NAME OF MOTHER Mary Gentry  
 13 BIRTHPLACE OF MOTHER (State or country) Dist Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Forest Huelter  
 (Address) Haydenburg Tenn

15 Filed Dec 25, 1917 J. D. Dumas  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Dec - 24, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec - 22 - 1917, to Dec - 22 - 1917, that I last saw her - alive on Dec - 22, 1917, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH \* was as follows: Nephritis

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

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

(Signed) J. D. Dumas M. D.  
Dec 24, 1917 (Address) Whitelyville 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 73 yrs. 3 mos. 6 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 Forest Huelter DATE OF BURIAL Dec - 26, 1917  
 20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_