

1 PLACE OF DEATH

County JacksonCivil Dist. 13

Village _____

City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413Primary Registration District No. 13File No. 42Registered No. 42

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

2 FULL NAME Marguerite Jones Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)6 DATE OF BIRTH Sept 1891, 1 _____ (Month) (Day) (Year)7 AGE about 50 If LESS than 1 day, _____ hrs. or _____ min.?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) Tenn10 NAME OF FATHER Dixon Ferguson11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Sally Crawford13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Ferguson(Address) Whitelyville Tenn15 Filed Jan 7, 1918 J.D. Duns REGISTRAR

Form V.S. No. 4-100M.

POSTER & PARKER CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 6, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1918, to Jan 6, 1918, that I last saw her alive on Jan 6, 1918, and that death occurred, on the date stated above, at 443 m.

The CAUSE OF DEATH was as follows:

LagrippeContributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. 10 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J.D. Duns, M. D. Jan 7, 1918 (Address) Whitelyville

*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 50 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 Union Hill Cemetery DATE OF BURIAL Jan 8, 191820 UNDERTAKER none ADDRESS _____

MARGIN RESERVED FOR BINDING. 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.