

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

County Jackson
 Civil Dist. 13-
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

10

CERTIFICATE OF DEATH

Registration District No. 44413-
 Primary Registration District No. 13-

File No. 446
 Registered No. 44

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

2 FULL NAME Mary Leona Allen

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 April 3-, 1869
(Month) (Day) (Year)

7 AGE 48 yrs. 9 mos. 19 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.

10 NAME OF FATHER Wm. Perry

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Pella Hawkins

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Bela Allen
 (Address) Whiskeyville

15 Filed Jan 23 1918 J. D. Rames
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 22, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14 1918, to Jan. 21, 1918, that I last saw her alive on Jan. 21, 1918, and that death occurred, on the date stated above, at 3⁰ m.

The CAUSE OF DEATH* was as follows:
Pneumonia following
measles.

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

(Signed) J. D. Rames, M. D.
Jan. 22, 1918 (Address) Whiskeyville

*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 48 yrs. 9 mos. 19 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 Johnson Cemetery DATE OF BURIAL Jan. 24, 1918

20 UNDERTAKER None ADDRESS _____