

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. 3
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

11

Registration District No. 44403
 Primary Registration District No. 44403

File No. 1
 Registered No. 1

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

2 FULL NAME Carrie Hankins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH Dec. 24, 1877
 (Month) (Day) (Year)

7 AGE 40 yrs. 0 mos. 28 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 employee): _____

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wm. Minchey

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Elizabeth Richardson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Richard Hankins
 (Address) Haydenburg Tenn.

15 Filed Jan. 22, 1918 M. H. Myers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1917, to Jan. 22, 1918, that I last saw her alive on Jan. 22, 1918, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

typhic dysentery
16a

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

(Signed) J. D. Connell, M. D.
Jan. 23, 1918 (Address) Bagdad

*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 Camp Ground DATE OF BURIAL Jan. 22, 1918

20 UNDERTAKER Low Witt ADDRESS Willetts Tenn