

WRITE PLAIN. 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

CERTIFICATE OF DEATH

Registration District No. 44413-
 Primary Registration District No. _____

18
 File No. 46
 Registered No. 46

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

2 FULL NAME Nancy Myrtle West

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 Oct - 9 - 1894
 (Month) (Day) (Year)

7 AGE 23 yrs. 3 mos. 29 ds. 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) Tenn

10 NAME OF FATHER Cosmos Ashey West

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Lorenia Greider

13 BIRTHPLACE OF MOTHER (State or country) Tenn

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

15 Filed May 8, 1918 J. R. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb - 2 - 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-2-1918, to 2-2-1918, that I last saw her alive on Feb - 2, 1918, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:
Post Partum Thrombosis
Following Child Birth
 (Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) G. E. News, M. D.
May 8, 1918 (Address) ...

*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 23 yrs. 3 mos. 29 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 Roy Burial Place DATE OF BURIAL 2-3-1918

20 UNDERTAKER ... ADDRESS _____