

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. 11

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

26

Registration District No. XXX 11

File No. \_\_\_\_\_

Primary Registration District No. 11

Registered No. 7

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

2 FULL NAME Susan Mary Lee Lyon

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1 4, 1883  
(Month) (Day) (Year)

7 AGE 75 yrs. 1 mos. 14 ds. If LESS than 1 day, .... hrs. or .... min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Austin Meryan

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Barbara Johnson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D. C. Lyon (Address) Gummersboro P. O.

15 Filed 3/5, 1918 L. R. Lee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 18, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/1 1917, to 2/18, 1918, that I last saw her alive on 2/18, 1918 and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH\* was as follows: Gen. Paresis & arterio  
rig. History of a year  
(Duration) 1 yrs. 90 ds.

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

(Signed) L. R. Lee, M. D. 3/19, 1918. (Address) Gummersboro

\*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 Johnson Cem DATE OF BURIAL 2/19, 1918

20 UNDERTAKER Sam Whitaker ADDRESS Gummersboro