

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. _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

27

Registration District No. 44411

File No. _____

Primary Registration District No. 11

Registered No. 6

St.; _____ Ward)

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

2 FULL NAME Mrs. Martha Newell

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 Unkown
(Month) (Day) (Year)

7 AGE about 58 yrs. mos. 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 Richard Willowsley

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Jane James

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Etta Medoway

(Address) Jamesboro T. P. #3

15 Filed 2/18, 1918 L. P. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from 3/3 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 4 P. M.

The CAUSE OF DEATH* was as follows:
Nephritis chronic
Had a history of

Contributory Labar Pneumonia
(SECONDARY) (Duration) 2 yrs. mos. ds.

(Signed) L. P. Anderson, M. D.
2/20, 1918. (Address) Jamesboro

*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 Whitaker Cem. DATE OF BURIAL 2/20, 1918

20 UNDERTAKER B. S. Medoway ADDRESS Jamesville