

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

32

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

Registration District No. 44404

File No. _____

Primary Registration District No. _____

Registered No. 4

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

2 FULL NAME Haily Brotherton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 22, 1868
(Month) (Day) (Year)

7 AGE 50 yrs. 6 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Ten

10 NAME OF FATHER Robert Sherrin

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Mary Whitefield

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Varous Trindle
 (Address) Whitesville Ten

15 Filed Mar 1, 1918 Pott Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 28, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1918, to Feb 28, 1918, that I last saw him alive on Feb 28, 1918, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows: cholecolitis

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

(Signed) J. S. Quarles [M. D.]
Mar 1, 1918 (Address) Whitesville

*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 Im Carme DATE OF BURIAL Mar 1, 1918

20 UNDERTAKER Lou will ADDRESS Whitesville

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.