

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

49

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)Registration District No. XXXX/1

File No. _____

Primary Registration District No. 11Registered No. 8

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

2 FULL NAME Sallie Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED unwedded
(Write the word)6 DATE OF BIRTH unknown
(Month) (Day) (Year)7 AGE about 70 or 75 If LESS than 1 day, ---- hrs. or ---- min.?
yrs. mos. ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) _____

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Brown(Address) Granville15 Filed 6/30, 1918 L R Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 3/30 1918, to 4/4, 1918, that I last saw her alive on 4/4, 1918, and that death occurred, on the date stated above, at 10 A.

The CAUSE OF DEATH* was as follows:

nephritis chronic
101a(Duration) 2 yrs. mos. ds.Contributory Tuberculosis
(SECONDARY)

(Duration) _____ yrs. mos. ds.

(Signed) W. H., M. D.

_____, 191____ (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 _____ 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 Brown Cem. DATE OF BURIAL 4/5, 191820 UNDERTAKER Sam Brown ADDRESS Granville

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.