

MARGIN RESERVED FOR BINDING
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. # 4

Village _____

City _____ (No. _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

53

CERTIFICATE OF DEATH

Registration District No. 44404

File No. _____

Primary Registration District No. _____

Registered No. 7

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

2 FULL NAME Emodine Mondy

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 _____, 1850
(Month) (Day) (Year)

7 AGE 68 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Alexander Smith

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Mondy

(Address) Haydenburey

15 Filed 4-10, 1918 Patt Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 9, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from no physician, to attendant, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows: 2051
Found in the floor Speechless & Helpless from which she never recovered in any respect
(Duration) 12 hours yrs. _____ mos. _____ ds.

Contributory could not get a physician
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Patt Clark local regy., M. D.
4-10, 1918 (Address) Haydenburey

*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 Mondy Lane DATE OF BURIAL 4-10, 1918

20 UNDERTAKER J B Witcher ADDRESS Haydenburey