

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

57

## 1 PLACE OF DEATH

County JacksonCivil Dist. 11or  
Village \_\_\_\_\_or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 44411Primary Registration District No. 11

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

Registered No. 12[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]2 FULL NAME Mary Kirby

## 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 10 15, 1889  
(Month) (Day) (Year)7 AGE 48 yrs. 6 mos. 23 ds. # 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) Tenn10 NAME OF FATHER William Steakley11 BIRTHPLACE OF FATHER  
(State or country) Tenn12 MAIDEN NAME OF MOTHER Ann Steakley13 BIRTHPLACE OF MOTHER  
(State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ueda Kirby(Address) Gainesboro R#315 Filed 5/10, 1918 L. R. Anderson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 28, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 10/8 1917, to 4/28, 1918, that I last saw her alive on 4/28, 1918, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH\* was as follows:

Arterio-sclerosis(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. W. Gibson, M. D.  
571, 1918. (Address) Gainesboro

\*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's Chapel DATE OF BURIAL 5/1, 191820 UNDERTAKER Levi Smith ADDRESS Gainesboro

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.