

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11 Registration District No. 444 11 File No. 65
or Village _____ Primary Registration District No. 11 Registered No. 13
or City _____ (No. _____, _____ St.; _____ Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Emma Maty Neil

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 5 18 1913
(Month) (Day) (Year)

7 AGE 5 yrs. 0 mos. 5 ds. If LESS than 1 day, -----hrs. or -----min.?

8 OCCUPATION

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

9 BIRTHPLACE
(State or country)Tenn

10 NAME OF FATHER

Abe Walker11 BIRTHPLACE OF FATHER
(State or country)Tenn

12 MAIDEN NAME OF MOTHER

Dora Bell Neil13 BIRTHPLACE OF MOTHER
(State or country)Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dora Bell Neil(Address) Cookeville Tenn

15

Filed 6/8 1918 L. R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 23 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

No physician saw her said to be spasms,_____

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

(Signed) _____, 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

Vitto Cemetery

DATE OF BURIAL

5/24 1918

20 UNDERTAKER

Louisa Stocker

ADDRESS

Tenn

WRITE PLAIN . 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.