

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. 3
or
Village Dyers
or
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44403 File No. 9
Primary Registration District No. _____ Registered No. 9

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

2 FULL NAME Leda B. Baskovich

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 Sept. 22, 1895
(Month) (Day) (Year)

7 AGE 33 yrs. 3 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER M. S. Sloan

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Joe Annie Morgan

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. S. Sloan

(Address) Haydenburg Tenn

15 Filled June 15 1918 by M. H. Dyces REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 16 1917, to June 15, 1918, that I last saw her alive on June 14, 1918, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Thought to be metastatic
Cancer from Cancer
of breast.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Spontaneous removal
(secondary) of breast. (Duration) 47 mos. _____ ds.
(Address) 703 ... M. D.
June 17, 1918

*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 Camp Ground Tenn DATE OF BURIAL June 17, 1918

20 UNDERTAKER Sean Witt ADDRESS Willetts Tenn