

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. 12  
 or Village Mayfield  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 10  
 Registered No. 10

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

2 FULL NAME Emely Witherton

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 January 1, 1853  
(Month) (Day) (Year)

7 AGE 65 6 25  
----- yrs. ----- mos. ----- ds. If LESS than 1 day, ----- hrs. or ----- min.?

8 OCCUPATION House Keeping  
 (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) Jackson Co Tenn

10 NAME OF FATHER Henry Jackson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Nancy Mansel

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. E. Jackson  
 (Address) Coopersville Tenn R#8

15 Filed July 25, 1918 by Jno B. Billingsly REGISTRAR  
Gambelro Tenn R#8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1917, to 1918, that I last saw her alive on July, 1918, and that death occurred, on the date stated above, at 90 m.

The CAUSE OF DEATH\* was as follows:  
Dropsy and Heart Failure  
 (Duration) 3 yrs. ----- mos. ----- ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. ----- mos. ----- ds.

(Signed) N. M. McLean M. D.  
July 30, 1918 (Address) Gambelro Tenn R#8

\*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 Jackson County DATE OF BURIAL July 25, 1918

20 UNDERTAKER John W. Scott Gambelro Tenn R#8  
 ADDRESS \_\_\_\_\_