

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. First
 or
 Village Gambush
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

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CERTIFICATE OF DEATH

Registration District No. 441

File No. _____

Primary Registration District No. 24401

Registered No. _____

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

2 FULL NAME Minnie Stuart

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 May 12, 1882
(Month) (Day) (Year)

7 AGE 36 yrs. mos. ds. If LESS than 1 day, ---hrs. or ---min.?

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

9 BIRTHPLACE Jackson Co
(State or country)

10 NAME OF FATHER John Hunter

11 BIRTHPLACE OF FATHER Putman Co
(State or country)

12 MAIDEN NAME OF MOTHER Amanda Blakeley

13 BIRTHPLACE OF MOTHER Jackson Co
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Hunter
 (Address) Gambush

15 Filed Nov 1, 1918 M. H. Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1918, to Aug 15, 1918, that I last saw h. alive on Aug 15, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Consumption 31
 (Duration) _____ yrs. mos. ds.

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

(Signed) L. E. Purvis, M. D.
Gambush, 1918 (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 Walrusville DATE OF BURIAL Aug 16, 1918

20 UNDERTAKER Mc Intosh ADDRESS Gambush