

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 Co
Civil Dist. 13
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

106

Registration District No. 44408 File No. 5
Primary Registration District No. _____ Registered No. _____

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

2 FULL NAME Margaret Virginia Meadows

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 Sept 26, 1918
(Month) (Day) (Year)

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

8 OCCUPATION none
(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 Jas Meadows

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

12 MAIDEN NAME OF MOTHER Russell Winsley

13 BIRTHPLACE OF MOTHER (State or country) Tex

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas Meadows
(Address) Winsley Bottom

15 Filed Jan 12, 1918 David Hall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 27, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1918, to Oct 27, 1918, that I last saw her alive on Oct 27, 1918, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH * was as follows: 2010
Unknown

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 Winsley Cemetery DATE OF BURIAL Oct 27, 1918
20 UNDERTAKER Jas Meadows ADDRESS Gainsboro