

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

108

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11or
Village _____or
City _____ (No. _____, St.; _____ Ward)Registration District No. 444 11Primary Registration District No. 11

File No. _____

Registered No. 18[If death occurred in a
hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME Mary Woodall Henson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE,
MARRIED, WIDOWED,
OR DIVORCED widowed
(Write the word)6 DATE OF BIRTH _____, 1 _____ (Year)
(Month) (Day)7 AGE about 75 If LESS than
1 day, ----- hrs.
or ----- min.?
----- yrs. ----- mos. ----- ds.8 OCCUPATION
(a) Trade, profession, or
particular kind of work washwoman
(b) General nature of industry,
business, or establishment in
which employed (or employer) 9329 BIRTHPLACE
(State or country) Tenn.10 NAME OF
FATHER W. K. Henson11 BIRTHPLACE
OF FATHER
(State or country) _____12 MAIDEN NAME
OF MOTHER _____13 BIRTHPLACE
OF MOTHER
(State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed 1/10, 1919 L. P. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 29, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
9/20 1918, to 9/27, 1918,
that I last saw her alive on 9/27, 1918,
and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever 1 a(Duration) ----- yrs. 2 mos. 30 ds.Contributory Paralysis
(SECONDARY)(Duration) ----- yrs. ----- mos. 10 ds.(Signed) L. P. Anderson, M. D.
9/30, 1918 (Address) Hamboro 9*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 Whitaker Cem. DATE OF BURIAL
9/30, 191820 UNDERTAKER W. H. Norton ADDRESS
Hamboro 9

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.