

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

113

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. No. 9
or
Village _____
or
City _____ (No. _____ St.; _____ Ward)Registration District No. 442

File No. _____

Primary Registration District No. _____

Registered No. 137

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

2 FULL NAME Mauneta Maxwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE M 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant6 DATE OF BIRTH Sept 25, 1918
(Month) (Day) (Year)7 AGE 21 If LESS than 1 day, ---- hrs. or ---- min.?
----- yrs. ----- mos. ----- ds.

8 OCCUPATION

- (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) Tennessee10 NAME OF FATHER Chas Maxwell

PARENTS

11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Ida Whitaker13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Maxwell
(Address) Leaves home

15

Filed Oct 6, 1918 A. J. Pharis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 6, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1918, to Oct 6, 1918, that I last saw her alive on Oct 6, 1918, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Gangrenous StomatitisContributory Artificial feeding
(SECONDARY) (Duration) ----- yrs. ----- mos. ----- ds.(Signed) A. C. Grew M. D.
10/16, 1918 (Address) Quincy, Tenn

*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

DATE OF BURIAL

WagonerOct 7, 1918

20 UNDERTAKER

ADDRESS

OvertonCookeville

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.