

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

116

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 44411Primary Registration District No. 11

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 20

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

2 FULL NAME Bessie Waile

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single6 DATE OF BIRTH 4 17, 1878  
(Month) (Day) (Year)7 AGE 40 yrs. 5 mos. 19 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Telephone Operator  
(b) General nature of industry, business, or establishment in which employed (or employer). Home Telephone9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Jesse Waile11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Steakney Gailbreath13 BIRTHPLACE OF MOTHER (State or country) Tenn.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Waile(Address) Garnesboro P.A.15 Filed 1/10, 1918 L.R. Sanders  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 6, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 107 1918, to 107 1918, that I last saw her alive on 107 1918, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH\* was as follows:

90  
Acute Rheumatism(Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory Influenza  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.(Signed) S.P. Hawley, M. D.  
10, 1918 (Address) Garnesboro

\*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 Richmond Cem DATE OF BURIAL 10/7, 191820 UNDERTAKER McDonament Haff ADDRESS Garnesboro

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.