

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

130

CERTIFICATE OF DEATH

Registration District No. 44405 File No. 16
 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

Maud Elizabeth Williford

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 Jan 9, 1916
(Month) (Day) (Year)

7 AGE 2 yrs. 9 mos. 11 ds. If LESS than 1 day, ----hrs. or ----min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Infant none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson Co, Tenn

10 NAME OF FATHER James Williford

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

12 MAIDEN NAME OF MOTHER Rosa Phillips

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Minnie Phillips
 (Address) Gainesboro R2 Tenn

15 Filed Oct 10 8 1918 David Hall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 20, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1918, to Oct 20, 1918, that I last saw her alive on Oct 20, 1918, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows: Influenza

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

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

(Signed) R. C. Hall M. D.
Oct 10, 1918 (Address) Gainesboro

*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 Phillips Cemetery DATE OF BURIAL Oct 21, 1918

20 UNDERTAKER J. H. Phillips ADDRESS Gainesboro Tenn