

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. 12
 or Village Mayfield
 or City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

150

CERTIFICATE OF DEATH

Registration District No. 44412 File No. 22
 Primary Registration District No. 12 Registered No. 22

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

2 FULL NAME Magnolia Haney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 (Write the word)

6 DATE OF BIRTH Jan 9, 1918
 (Month) (Day) (Year)

7 AGE one 9 24 If LESS than 1 day, hrs. or min.?
 yrs. mos. ds.

8 OCCUPATION

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

9 BIRTHPLACE

(State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER

Thomas Haney

11 BIRTHPLACE OF FATHER

(State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER

Annie Rolley

13 BIRTHPLACE OF MOTHER

(State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Millie Davis
Gainesboro Tenn R #3
 (Address) _____

15

Filed Nov 6, 1918 by J. B. Billingsley
Gainesboro Tenn R #3
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* was as follows:

Influenza
As per in charge
 (Duration) yrs. mos. ds. 3

Contributory

(SECONDARY) _____ (Duration) yrs. mos. ds.
 (Signed) Thomas Haney Father M.D.
Nov 10, 1918 (Address) Mayfield 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

Biers Cemetery

DATE OF BURIAL

Nov 4, 1918

20 UNDERTAKER

J. H. Haney Mayfield Tenn

ADDRESS