WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

161

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 13 or Village ______ or City ______ (No. ______, ______ St.; ______ Ward)

Registration District No. 44413

Primary Registration District No. 13

File No. 52

Registered No. ______

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

2 FULL NAME No Name

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Nov 13, 1918 (Month) (Day) (Year)

7 AGE ______ yrs. ______ mos. 5 ds. If LESS than 1 day, ______ hrs. or ______ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Harley Savage

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Nora Bell Savage

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harley Savage

(Address) Whitleyville Tenn

15

Filed Nov 18, 1918 J D Quarles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 18, 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 2 a m.

The CAUSE OF DEATH* was as follows: 2016

Not Known

Had no Physician

______ (Duration) ______ yrs. ______ mos. ______ ds.

Contributory (SECONDARY) ______

______ (Duration) ______ yrs. ______ mos. ______ ds.

(Signed) ______, M. D.

______, 191__ (Address) ______

*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. 5 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 Keeling Cemetery

DATE OF BURIAL Nov 18, 1918

20 UNDERTAKER None

ADDRESS ______

Form V. S. No. 4—100M FOSTER & PARKES CO., NASHVILLE