

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

166

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 11  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)Registration District No. X4411  
Primary Registration District No. 11File No. \_\_\_\_\_  
Registered No. 23

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

2 FULL NAME Etta Meadows

## 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 10 14, 1878  
(Month) (Day) (Year)7 AGE 40 yrs., 1 mos., 10 ds. If LESS than 1 day, ---- hrs. or ---- min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Jim Wheeler11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Willowby13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B E Meadows  
(Address) Granville15 Filed 1/10, 1919 J R Anderson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 14 24, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 10/11 1918, to 10/24, 1918, that I last saw her alive on 10/24, 1918, and that death occurred, on the date stated above, at 1 P. m.The CAUSE OF DEATH\* was as follows: Influenza(Duration) ---- yrs. ---- mos. 20 ds.  
Contributory Labor Pains, Abortion  
(SECONDARY) (Duration) ---- yrs. ---- mos. 4 ds.  
(Signed) L R Anderson, M. D.  
10/24, 1918. (Address) Granville, T.

\*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 residence19 PLACE OF BURIAL OR REMOVAL Ferguson Cem DATE OF BURIAL 10/26, 191820 UNDERTAKER J. Ferguson ADDRESS Granville, T.

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.

NEEDLE MARKER RESERVED FOR BINDING