

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. A 15
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

170

Registration District No. 442
 Primary Registration District No. _____
 File No. _____
 Registered No. 21

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

2 FULL NAME Palley, Rector

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED yes
Write the word
 6 DATE OF BIRTH May 12, 1876
(Month) (Day) (Year)

7 AGE 42 6 13 If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work house work
 (b) General nature of industry, business, or establishment in which employed (or employer) good

9 BIRTHPLACE (State or country) Gainesboro

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (State or country) Livingston

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. W. Hawkins
 (Address) Cookville

15 Filed _____, 1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 25, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1918, to Nov 23, 1918, that I last saw her alive on Nov 23, 1918, and that death occurred, on the date stated above, at 3:0 m.

The CAUSE OF DEATH * was as follows:
Pulmonary tuberculosis
 (Duration) 10 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) C. F. M. McLean M. D.
Nov 25, 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 Deedson Branch DATE OF BURIAL Nov 26 1918

20 UNDERTAKER Wm. Larkford ADDRESS Gainesboro