

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

171

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. First  
or  
Village Gainesboro  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 441  
Primary Registration District No. 24401File No. 18

Registered No. \_\_\_\_\_

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

2 FULL NAME Amie Brown

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH Not known, 1919  
(Month) (Day) (Year)7 AGE 40  
If LESS than 1 day, ----- hrs. or ----- min.?  
----- yrs. ----- mos. ----- ds.8 OCCUPATION  
(a) Trade, profession, or particular kind of work house wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER R E Johnson11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER Mary Johnson13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R E Johnson  
(Address) Gainesboro15 Filled Nov 29, 1918 5 m. on 4th St.  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 27, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1918, to Nov 28, 1918, that I last saw her alive on Nov 27, 1918, and that death occurred, on the date stated above, at 10 a.m.The CAUSE OF DEATH\* was as follows:  
Pneumonia following influenza  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration) ----- yrs. ----- mos. ----- ds.Contributory (SECONDARY) \_\_\_\_\_  
(Duration) ----- yrs. ----- mos. ----- ds.  
(Signature) R E Johnson, M. D.  
(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 Graves Cemetery DATE OF BURIAL Nov 28, 191820 UNDERTAKER W. L. Johnson ADDRESS GainesboroMARGIN RESERVED FOR BINDING  
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.