

MARGIN 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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. # 3
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

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CERTIFICATE OF DEATH

Registration District No. 114403 File No. _____
 Primary Registration District No. 1 Registered No. 16

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

2 FULL NAME Josephine Minchey

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 Apr 30, 1866
(Month) (Day) (Year)

7 AGE 52 yrs. 6 mos. 28 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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) Tenn.

10 NAME OF FATHER William Hunter

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Martha Ann Bass

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. H. Minchey

(Address) Haydenburg Tenn.

15' Filed Nov 28, 1918 M. H. Dye REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 28, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1918, to Nov 28, 1918, that I last saw her alive on Nov 20, 1918, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Bowels

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) F. C. McNeill M. D.
Nov 29, 1918 (Address) Bagdad 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 in _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Minchey garden DATE OF BURIAL Nov 28, 1918

20 UNDERTAKER Lon Witt ADDRESS Willette