

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. 14
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

178

Registration District No. 44414

File No. _____

Primary Registration District No. _____

Registered No. 5

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

2 FULL NAME Mayell Suttler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Write the word

6 DATE OF BIRTH June 5, 1914
(Month) (Day) (Year)

7 AGE 4 yrs. 6 mos. ds. If LESS than 1 day, ----- hrs. or ----- min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Babe Suttler

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Lillie Sirey

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) R. D. Sirey

(Address) Bagdad, Tenn.

15 Filed Dec 5, 1918 C. E. Carter
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 5, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1918, to Dec 4, 1918, that I last saw her alive on Dec 4, 1918, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:
Pneumonia following influenza
Ha
 (Duration) ----- yrs. ----- mos. 5 ds.

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

(Signed) Dr. DeCarroll, M. D.
Dec 5, 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? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Sirey graveyard DATE OF BURIAL Dec 5, 1918

20 UNDERTAKER Lon Wille ADDRESS Willetts