

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. 9  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

**STATE OF TENNESSEE** 136  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**  
 Registration District No. 44409 File No. 1  
 Primary Registration District No. Civil 8 Registered No. 1

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

**2 FULL NAME** Narcie Allen Bennett

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** widow  
(Write the word)

**6 DATE OF BIRTH** Oct unknown <sup>1842</sup>  
(Month) (Day) (Year)

**7 AGE** 77 2 ds. **If LESS than 1 day, ....hra. or ....min.?**

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

**9 BIRTHPLACE** Putnam co  
(State or country)

**10 NAME OF FATHER** Jones Bennett

**11 BIRTHPLACE OF FATHER** unknown  
[State or country]

**12 MAIDEN NAME OF MOTHER** Sarah Harp

**13 BIRTHPLACE OF MOTHER** unknown  
[State or country]

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

[Informant] Jessie Ramsey

[Address] Cookerill B B

**15** A. M. Ballard  
REGISTRAR

Filed \_\_\_\_\_ 1911

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Jan 4 1911  
[Month] [Day] [Year]

**17 I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_ 1911, to \_\_\_\_\_, 1911,  
 that I last saw h..... alive on \_\_\_\_\_, 1911  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M.

**The CAUSE OF DEATH\* was as follows:**  
I attended deceased in beginning of her sickness but abandoned the case long before her [Duration] death.

**Contributory [SECONDARY]** caus tuberculosis of  
[Duration] yrs. Twelve

Signed N. M. McComin M. D.  
 \_\_\_\_\_, 1911 Address Governors Pen

\* 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 15 yrs. 2 mos. 2 ds. In the 77 yrs. 2 mos. 2 ds.

Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** Byers cemetery **DATE OF BURIAL** Jan 5 1911

**20 UNDERTAKER** Friends only **ADDRESS** \_\_\_\_\_