

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. 12  
 or Village Mayfield  
 or City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 Registration District No. 44412 File No. one  
 Primary Registration District No. 12 Registered No. one  
 2 FULL NAME Sarah Davis  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

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 April, 1868  
 (Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER G W Gwynn

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Burton

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 5, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1920, to 4th, 1920, that I last saw her alive on Jan 4, 1920, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH\* was as follows:  
congestion of the Brain  
followed by Heart Failure

.....(Duration).....yrs. ....mos. ....ds. 7400

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) yrs. ....mos. ....ds. \_\_\_\_\_

(Signed) S B Hawber & McLean, M. D.  
Jan 10, 1920 (Address) Gaulebaro 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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) G W Gwynn  
Gaulebaro Tenn  
 (Address)

18 Filed Jan 15, 1920 Jno B Billingsly  
Gaulebaro Tenn REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Hos Cemetery DATE OF BURIAL Jan 6, 1920

20 UNDERTAKER S B Davis Gaulebaro Tenn R #3  
 ADDRESS \_\_\_\_\_