

STATE OF TENNESSEE

139

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 12or Village Mayfield

or City _____

Registration District No. 44412Primary Registration District No. 19File No. 2Registered No. 2[If death occurred in a
hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME

Onider Wetherston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH February 27, 1919
(Month) (Day) (Year)7 AGE 10 20 If LESS than
----- yrs. ----- mos. ----- ds. 1 day, ----- hrs.
or ----- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER J H Wetherston11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Hatima S. Chaffin13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W Foot(Address) Ganesboro Tenn R # 815 Filed Jan 15, 1920 John B. Billingly
Ganesboro Tenn REGISTRAR

Form V. S. No. 4-1908

PETER A. PARSONS CO., MEMPHIS

R # 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 7, 1920
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 19, 1920, to Dec 19, 1920,
that I last saw her alive on Dec 27, 1919,
and that death occurred, on the date stated above, at m.The CAUSE OF DEATH * was as follows: Eterna 114

----- (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) -----

----- (Duration) ----- yrs. ----- mos. ----- ds.

(Signed) N M McLean, M. D.
Jan 15, 1920 (Address) Ganesboro 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 Hot SpringsDATE OF BURIAL Jan 8, 192020 UNDERTAKER Claud Jackson Ganesboro Tenn R # 3

ADDRESS

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.