

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. 3rd
 OR
 Village _____
 OR
 City Haydenburg Tenn. No. _____ St. _____ Ward _____
2 FULL NAME Mary Lycus

STATE OF TENNESSEE 143
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH
 Registration District No. 4403 File No. _____
 Primary Registration District No. 4403 Registered No. 1
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
 (Write the word)

6 DATE OF BIRTH Dec-28 1861
 (Month) (Day) (Year)

7 AGE 59 yrs. 11 mos. 14 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 Thomas Bryant
11 BIRTHPLACE OF FATHER [State or country] Tenn.
12 MAIDEN NAME OF MOTHER Nancy Linder
13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] M. H. Lycus
 [Address] Haydenburg Tenn.

15
 Filed 1-11-20 M. H. Lycus
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 10 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan-16 1919 to Jan-10 1920, that I last saw her alive on Jan-10 1920 and that death occurred, on the date stated above, at 5:25 PM
 The CAUSE OF DEATH* was as follows:
Arterial Scurvy 16 or
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. O. Cornwell M. D.
Jan-11 1920 Address Haydenburg 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 Haydenburg Tenn.

19 PLACE OF BURIAL OR REMOVAL Camp Ground Haydenburg Tenn. **DATE OF BURIAL** Jan-11 1920
20 UNDERTAKER Lon Will **ADDRESS** Willitts