

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

STATE OF TENNESSEE 166

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

County Jackson
 Civil Dist. 8
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

Registration District No. 4448 File No. 5
 Primary Registration District No. _____ Registered No. _____

2 FULL NAME Ruth Bybee

(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** single
(Write the word)

6 DATE OF BIRTH February 6, 1920
(Month) (Day) (Year)

7 AGE still born **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 Jimmie Bybee

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Eppie Whitaker

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 6, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:

_____ [Duration] yrs. mos. ds.

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

Signed R. C. Haw M. D.
Feb. 9, 1920 Address Haineboro

* 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 Haineboro Cemetery **DATE OF BURIAL** Feb 7, 1920

20 UNDERTAKER Barlowe Bybee **ADDRESS** Haineboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Barlowe Bybee
 [Address] Haineboro, Tenn.

15 Filed Feb 9, 1920 by Miss J. M. Cason
REGISTRAR