

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. 13  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward \_\_\_\_\_

STATE OF TENNESSEE

168

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413  
Primary Registration District No. 13

File No. 2962  
Registered No. 62

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

2 FULL NAME Elvira S. Miller

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH February 6, 1837  
(Month) (Day) (Year)

7 AGE 83 yrs. 0 mos. 27 ds. If LESS than 1 day, ---- hrs. 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 (State or country) Tenn.

PARENTS  
10 NAME OF FATHER James C. Cunningham  
11 BIRTHPLACE OF FATHER (State or country) Don't know  
12 MAIDEN NAME OF MOTHER Rosabel Croble  
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Robert L. Dropp  
(Address) Whitleyville Tenn.

15 Filed March 4, 1920 J. D. Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 3, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1920, to March 3, 1920, that I last saw her: alive on March 1, 1920, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH\* was as follows: arterio Sclerosis  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) ---- yrs. ---- mos. ---- ds.  
(Signed) J. D. Dyer M. D.  
3-4, 1920 (Address) Whitleyville 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 83 yrs. 0 mos. 27 ds. In the 83 yrs. 0 mos. 27 ds. State  
Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Reynolds County DATE OF BURIAL 3-4, 1920

20 UNDERTAKER Dropp & Dropp ADDRESS Whitleyville Tenn.