

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		175
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>First</u>		Registration District No. <u>441</u>		File No. <u>8</u>
or Village <u>Gainesboro</u>		Primary Registration District No. <u>244a1</u>		Registered No. _____
or City _____ (No. _____, _____ St.; _____ Ward)				(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <u>Bessie Metherton</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> SINGLE (Write the word)	10 DATE OF DEATH <u>March 11</u> , 19 <u>22</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Feb 11</u> , 19 <u>20</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.	
7 AGE <u>one month</u> _____ yrs. _____ mos. _____ ds.			If LESS than 1 day, _____ hrs. of _____ 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) <u>Jackson co</u>				
PARENTS	10 NAME OF FATHER <u>Millie Metherton</u>		Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson co</u>		(Signed) <u>Charles H. Towler</u> , M. D.	
	12 MAIDEN NAME OF MOTHER <u>Maggie Wolf</u>		_____, 191____ (Address) _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson co</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Millie Metherton</u>				
(Address) <u>Gainesboro</u>				
15 Filed <u>March 17 1922</u> <u>March 11 1922</u> REGISTRAR			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 <u>Telynschick</u>			DATE OF BURIAL <u>March 12 1922</u>	
20 UNDERTAKER <u>Gainesboro Dry Goods</u>			ADDRESS <u>Gainesboro</u>	