

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		177
County <u>Jackson</u>		STATE BOARD OF HEALTH		
Civil Dist. <u>8</u>		Bureau of Vital Statistics		
OR		CERTIFICATE OF DEATH		
Village		Registration District No. <u>44408</u>		File No. <u>7</u>
OR		Primary Registration District No.		Registered No.
City		(No. St.; Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <u>Helina Phillips</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	
<u>Female</u>	<u>white</u>	<u>Widowed</u>	<u>Mar.</u> <u>14</u> <u>1920</u> [Month] [Day] [Year]	
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)			191... to 191...	
7 AGE			that I last saw h... alive on 191...	
<u>78 yrs. 11 mos. 20 ds.</u>			and that death occurred, on the date stated above, at... M	
8 OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work			<u>Old age</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)			<u>Heart failure</u>	
9 BIRTHPLACE (State or country)			[Duration] yrs. mos. ds.	
<u>Tenn.</u>			Contributory [SECONDARY]	
10 NAME OF FATHER			[Duration] yrs. mos. ds.	
<u>Race Phillips</u>			Signed <u>No physician</u> M. D.	
11 BIRTHPLACE OF FATHER (State or country)			, 191... Address	
<u>Tenn.</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12 MAIDEN NAME OF MOTHER			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]	
<u>Verie Phillips</u>			At place of death... yrs. mos. da. In the State... yrs. mos. da.	
13 BIRTHPLACE OF MOTHER (State or country)			Where was disease contracted, if not at place of death?	
<u>Tenn.</u>			Former or usual residence	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			19 PLACE OF BURIAL OR REMOVAL	
[Informant] <u>Mrs. Leona Flynn</u>			<u>Phasant Hill</u>	
[Address] <u>Gair esboro</u>			DATE OF BURIAL	
15			<u>Mar. 16 1920</u>	
Filed <u>Mar. 29 1920</u> <u>Mrs. J. M. Casow</u>			20 UNDERTAKER	
REGISTRAR			<u>Lee Phillips</u>	
			ADDRESS	
			<u>Gair esboro</u>	