

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**
 County Jackson STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 184
 Civil Dist. 12 Registration District No. 44412 File No. 7
 or Village McCombville Primary Registration District No. 12 Registered No. 7
 or City _____ (No. _____ St.; _____ Ward)
 2 FULL NAME Petie Belle Davidson
 (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 December 11, 1919
 (Month) (Day) (Year)

7 AGE 3 11 IF LESS than 1 day.....hrs. or.....min.?
yrs.mos.ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER William Davidson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Mary Hitt

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 22, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased on March 18, 1920, to March 21, 1920, that I last saw her alive on March 21, 1920, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
1000
 (Duration).....yrs.mos.ds. 5

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

(Signed) N. M. McLean M. D.
March 29, 1920 Gambard Tenn R#3
 (Address)

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Thomas Davidson
 (Informant)
Gambard Tenn R#3
 (Address)

15 Filed March 29, 1920 Jno B Billingsley
Gambard Tenn REGISTRAR
R#3

19 PLACE OF BURIAL OR REMOVAL Stafford Cemetery DATE OF BURIAL March 23, 1920

20 UNDERTAKER J. H. Ragland ADDRESS Gambard Tenn R#3