

MARGIN RESERVED FOR BINDING 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. 9
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 4408
 Primary Registration District No. 9

File No. 437 185
 Registered No. 982

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

2 FULL NAME Hera Stewart Holloway

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 unknown to a day
 (Month) (Day) (Year)

7 AGE 89
 yrs. mos. 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) Jackson co

PARENTS

10 NAME OF FATHER Ben Steward
 11 BIRTHPLACE OF FATHER (State or country) unknown
 12 MAIDEN NAME OF MOTHER Matha Henley
 13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Tom Holloway
 [Address] Cokerite Tenn

15
 Filed April 7 1912 by A M Ballard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH mar 24, 1920
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from mar 23, 1920, to mar 24, 1920, that I last saw h. alive on mar 23, 1920, and that death occurred, on the date stated above, at 11 M
 The CAUSE OF DEATH* was as follows:
Heart failure
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____ [Duration] a few days

Signed J T Moore, M. D.
 _____, 191____ Address Algood

* 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 Godson Branch DATE OF BURIAL mar 25, 1912
 20 UNDERTAKER Friends only ADDRESS _____