

MARGIN RESERVED FOR BINDING - 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 187	
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
Civil Dist. <u>Fifth</u>		Registration District No. _____	File No. _____
Village _____		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>Mary Webb</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 <u>Widow</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>March 28</u> 19 <u>20</u> <small>(Month) (Day) (Year)</small>
6 DATE OF BIRTH _____, 1 <u>866</u> <small>(Month) (Day) (Year)</small>		17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h <u>er</u> live on <u>Jan 1</u> , 19 <u>20</u> and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u>	
7 AGE <u>53</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION <small>(a) Trade, profession, or particular kind of work</small> <u>Housewife</u> <small>(b) General nature of industry, business, or establishment in which employed (or employer)</small>			
9 BIRTHPLACE <small>(State or country)</small> <u>Tennessee</u>			
PARENTS			
10 NAME OF FATHER <u>Lewis Medley</u>		11 BIRTHPLACE OF FATHER <u>Tennessee</u>	
12 MAIDEN NAME OF MOTHER <u>Mary Russell</u>		13 BIRTHPLACE OF MOTHER <u>Tennessee</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
[Informant] <u>J. W. Webb</u>		[Address] <u>Greenhill Lane</u>	
15 Filed _____ 191 <u>20</u>		19 PLACE OF BURIAL OR REMOVAL <u>Silver Point Tenn</u>	
REGISTRAR <u>Lona M. Hulbreth</u>		DATE OF BURIAL <u>Mar. 28, 1920</u>	
		20 UNDERTAKER <u>Williamson Bros</u>	
		ADDRESS <u>Greenhill Lane</u>	