

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

County Jackson
Civil Dist. 10
OR
Village
OR
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

199

Registration District No. 42, H 10
Primary Registration District No.

File No. 10

Registered No.

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

2 FULL NAME Pauline Cae

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, ~~WIDOWED,~~ OR DIVORCED (Write the word)

6 DATE OF BIRTH Apr 22 1920
(Month) (Day) (Year)

7 AGE yrs. mos. ds. If LESS than 1 day, hrs. or 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) Bainbridge

10 NAME OF FATHER Eula Cae

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Lula Cherry

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Eula Cae
[Address] Bainbridge

15 Filled May 1 1920 W. S. J. M. Cae REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 23 1920
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 to 191, that I last saw her alive on Apr 22 1920 and that death occurred, on the date stated above, at M. The CAUSE OF DEATH* was as follows:

Unknown

[Duration] yrs. mos. ds.

Contributory [SECONDARY] Unknown
[Duration] yrs. mos. ds.

Signed R. C. Law M. D.
Apr 30 1920 Address Bainbridge

* 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 Hlyam Cemetery DATE OF BURIAL Apr 23 1920

20 UNDERTAKER Eula Cae ADDRESS Bainbridge