

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		201
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>X 4</u>		Registration District No. <u>44404</u>		File No. _____
or Village _____		Primary Registration District No. _____		Registered No. <u>6</u>
or City _____ (No. _____, _____ St.; _____ Ward)				(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <u>Alice Bilbery</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>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Apr 25, 1920</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH _____, _____, <u>1876</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 1920, to one trip</u> that I last saw <u>alive on</u> , 191____ and that death occurred, on the date stated above, at <u>9 a.m.</u>	
7 AGE <u>4 1/2</u> yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work: <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer): _____			_____ _____ _____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory (SECONDARY) _____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
PARENTS	10 NAME OF FATHER <u>Elize Raines</u>		(Signed) <u>Frank B Clark</u> , M. D. <u>May 18, 1920</u> (Address) <u>Hayden</u>	
	11 BIRTHPLACE OF FATHER (State or country) <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 <u>Marie Ledbetter</u>		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: _____	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>		19 PLACE OF BURIAL OR REMOVAL <u>Shouclers Graveyard</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lige Raines</u> (Address) <u>Whittemills Tenn</u>			DATE OF BURIAL <u>Apr 26, 1920</u>	
15 Filed <u>May 18, 1920</u> <u>Pat Clark</u> REGISTRAR			20 UNDERTAKER <u>Sam county (Oct) Red Bailing Sp</u>	
<small>Form V. S. No. 4-190M * FOSTER & PIERCE CO., MEMPHIS</small>				