

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. No. 8  
 Village \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

**STATE OF TENNESSEE**

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

202

**CERTIFICATE OF DEATH**

Registration District No. H 7, 408

File No. 12

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

**2 FULL NAME** Julia Scottland

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
 (Write the word)

**6 DATE OF BIRTH** January 1  
 (Month) (Day) (Year)

**7 AGE** 39 yrs. 3 mos. 20 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work. House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer)

**9 BIRTHPLACE** (State or country) Meigsville Tenn

**10 NAME OF FATHER** Gardner Phipps

**11 BIRTHPLACE OF FATHER** (State or country) Tenn.

**12 MAIDEN NAME OF MOTHER** Jennie Hamlet

**13 BIRTHPLACE OF MOTHER** (State or country) Tenn.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] Henry Hall

[Address] Waineshore

**15**  
 Filed May 1 1920 W. J. O'Connell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Apr 26 1920  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw her alive on Mar. 26, 1920 and that death occurred, on the date stated above, at \_\_\_\_\_ M.  
 The CAUSE OF DEATH\* was as follows:

Tubercular tuberculosis  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed D. C. Gann M. D.  
Apr 30, 1920 Address Gainsboro, Va.

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** Pleasant Hill **DATE OF BURIAL** Apr. 27 1920

**20 UNDERTAKER** Wad Scottland **ADDRESS** Waineshore