

WRITE PLAIN... 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.

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

222

1 PLACE OF DEATH
County Jackson
Civil Dist. X 4 Registration District No. 4440 File No. _____
or Village _____ Primary Registration District No. _____ Registered No. 9
or City _____ (No. _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edna Probert

PERSONAL AND STATISTICAL PARTICULARS

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>
6 DATE OF BIRTH <u>July 10, 1903</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>16 yrs. 10 mos. 24 ds.</u>		If LESS than 1 day,hrs. ormin.?
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) _____		
9 BIRTHPLACE (State or country) <u>Tenn</u>		
PARENTS	10 NAME OF FATHER <u>Jeffie Clark</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Miss Davis</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jeff Clark
(Address) Red Boiling Spgs

18 Filed July 7, 1910 Pott Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 4, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1910, to June 4, 1910 that I last saw her alive on June 4, 1910 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH * was as follows:

Typhoid Fever

Contributory Hemorrhage Post-Partum
(SECONDARY)
(Duration) yrs. mos. ds.
(Signed) Frank B. Clark M. D.
June 5, 1910 (Address) Haydenburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE 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 <u>F. D. Clark Ground</u>	DATE OF BURIAL <u>June 8, 1910</u>
20 UNDERTAKER <u>W. C. Good</u>	ADDRESS <u>Willie</u>