

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. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH
 Registration District No. 44413 File No. 67
 Primary Registration District No. 13 Registered No. 67

2 FULL NAME Isabella June [unclear] York
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 2 1870
(Month) (Day) (Year)

7 AGE 50 yrs. 0 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) None

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Alex. Galey Keith
11 BIRTHPLACE OF FATHER (State or country) Tenn.
12 MAIDEN NAME OF MOTHER Annanda Carvaha
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22 1920
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 19 1920 to June 22 1920, that I last saw her alive on June 22 1920 and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH* was as follows:
Apoplexy

[Duration] yrs. mos. 3 ds.
 Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.
 Signed J. B. Beville M. D.
6-23-20 Address Whitelyville

* 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 50 yrs. 0 mos. 20 ds. In the 50 yrs. 0 mos. 20 ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. B. Beville
 [Address] Whitelyville

15
 Filed 6-23-20 J. Beville REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Bell Co. Tenn. **DATE OF BURIAL** 6-23 1920

20 UNDERTAKER Tom [unclear] **ADDRESS** Whitelyville Tenn.