

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 2
 OR
 Village Haydenburg
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 230
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44402 File No. 20
 Primary Registration District No. 2 Registered No. 4
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James, Mary Lien

PERSONAL AND STATISTICAL PARTICULARS **MEDICAL CERTIFICATE OF DEATH**

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

16 DATE OF DEATH June 24 1920
 [Month] [Day] [Year]

6 DATE OF BIRTH June 24 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 23 1920 to 24, 1920,
 that I last saw h alive on _____, 191.....
 and that death occurred, on the date stated above, at..... M

7 AGE Infant **If LESS than 1 day,..... hrs. or min.?**

The CAUSE OF DEATH* was as follows:
Prolonged labor
which was complicated

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

[Duration]..... yrs..... mos..... da.
 Contributory [SECONDARY].....
 [Duration]..... yrs..... mos..... da.

9 BIRTHPLACE (State or country) Haydenburg Tenn

Signed A. D. Carrwell M. D.
July 10, 1920 Address Haydenburg Tenn
 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10 NAME OF FATHER Lesley Huppins

11 BIRTHPLACE OF FATHER [State or country] Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Hattie Long

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... da.
 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].....
 [Address].....

15

19 PLACE OF BURIAL OR REMOVAL A Park Long **DATE OF BURIAL** June 25 1920

Filed July 10 1920 W. Long & Co McGowley
 REGISTRY

20 UNDERTAKER B. Harkins **ADDRESS** Haydenburg Tenn