

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. #4  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

239

CERTIFICATE OF DEATH

Registration District No. 44404

File No. \_\_\_\_\_

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

Registered No. 10

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

2 FULL NAME Hester S Holliman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 8 1920  
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Robert Holliman

11 BIRTHPLACE OF FATHER (State or country) Smith Co Tenn

12 MAIDEN NAME OF MOTHER Dorper Woodward

13 BIRTHPLACE OF MOTHER (State or country) Smith Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Jula Poiret

[Address] Haydenburg

15 Filed 7-10-20 Patt Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 120 Physician in, 191\_\_\_\_  
(that I last saw h... alive on attendance 191\_\_\_\_  
and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows  
Premature birth 8 months  
Could not take any  
nurishment St. 16  
[Duration] yrs. mos. ds.

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

Signed Patt Clark (Local R.)  
July 10 1920 Address Haydenburg

\* 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 Greenbriar DATE OF BURIAL July 8 1920

20 UNDERTAKER Jim Huberry ADDRESS Haydenburg