

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. 9
OR
Village
OR
City

STATE OF TENNESSEE

256

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44108
Primary Registration District No.

File No. 10
Registered No. 10

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

2 FULL NAME Mary Jane Reed Lawton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. M. 4 COLOR OR RACE whit- 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Aug 10 1867
(Month) (Day) (Year)

7 AGE 33 yrs. 27 mos. 27 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Nemrod Reed

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Sallie Minor

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] John Lawton
[Address] Cookeville, Ten.

15 Filed Oct 8 1910 by G. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7 1910
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from just a few days 191... that I last saw h... alive on before death, 191... and that death occurred, on the date stated above, at... M

The CAUSE OF DEATH* was as follows:
Pulmonary Oedema
[Duration] ... yrs. ... mos. ... ds.

Contributory [SECONDARY] ... [Duration] ... yrs. ... mos. ... ds.
Signed D. S. B. Fowler M. D.
Address Landon

* 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 90 yrs. 43 mos. 27 ds. In the State 43 yrs. 27 mos. 27 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mandal Cemetery DATE OF BURIAL Sept 8 1910
20 UNDERTAKER French only ADDRESS