

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. 07

or Village _____

or City Bloomington, Springs (No. 11)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 144407

Primary Registration District No. _____

File No. 1

Registered No. 13

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

2 FULL NAME Unnamed Daise,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH September 1, 1900
(Month) (Day) (Year)

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

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) Jackson Co., Tenn.

10 NAME OF FATHER Robert _____

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Mary Ann Davidson,

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co.,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Mac Wheeler, M.D.

(Address) Bloomington Springs, Tenn

15 Filed Oct 1, 1900 Emma Wheeler
REGISTRAR

Form V. S. No. 4-25M. * PETER & PARKER CO., CHICAGO

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 1, 1900
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to September 1, 1900,

that I last saw him alive on _____, 191____,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH * was as follows:
Unborn

_____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Mac Wheeler, M. D.

Sept 1, 1900 (Address) Bloomington Tenn

*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 Vestal Cemetery DATE OF BURIAL Sept 2, 1900

20 UNDERTAKER Minnow Davidson ADDRESS Bloomington