

WRITE PLAIN - Y. 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. 15
 or Village _____
 or City _____ (No. _____, St.; _____ Ward)
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 File No. 145
 Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Addie ^{Kell} Cason

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug. 17, 1904
 (Month) (Day) (Year)

7 AGE 16 yrs. 1 mos. 18 ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Juney Cason

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Maggie Foggy

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 2, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st 1920 to Oct 2, 1920, that I last saw her alive on Oct 2, 1920, and that death occurred, on the date stated above, at 8⁹ m.

The CAUSE OF DEATH* was as follows:
Abscess of the right lung
lung & right lobe

(Duration) --- yrs. 9 mos. --- ds.

Contributory (secondary) _____
 (Duration) --- yrs. --- mos. --- ds.

(Signed) Pascal G. Law M. D.
11-8, 1920 (Address) Gainesboro 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Maggie Cason
 (Address) Gainesboro Tenn

15 Filed Oct 20 1920 J. M. Cason

19 PLACE OF BURIAL OR REMOVAL Cason Cem. DATE OF BURIAL Oct 3, 1920

20 UNDERTAKER Jessie Cason ADDRESS Gainesboro Tenn