

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		STATE OF TENNESSEE		271
County	<i>Jackson</i>	STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist.	<i>3rd</i>	CERTIFICATE OF DEATH		File No. _____
OR Village	<i>Byers</i>	Registration District No.	<i>44403</i>	Registered No. <i>10</i>
OR City		Primary Registration District No.		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME		(No. _____ St. _____ Ward _____)		
<i>Margaret J. McNamee</i>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	
<i>Female</i>	<i>White</i>	<i>Widowed</i>	<i>Oct 13 1920</i> [Month] [Day] [Year]	
6 DATE OF BIRTH	7 AGE		17 I HEREBY CERTIFY, That I attended deceased from	
<i>Dec 25 1869</i> (Month) (Day) (Year)	<i>51 yrs. 2 mos. 2 ds.</i> If LESS than 1 day, _____ hrs. or _____ min.?		<i>Nov. 8 1920 to Oct. 13, 1920,</i> that I last saw her alive on <i>Oct. 14, 1920</i> and that death occurred, on the date stated above, at <i>5 P.M.</i> The CAUSE OF DEATH* was as follows: <i>Tuberculosis of lungs</i>	
8 OCCUPATION	9 BIRTHPLACE (State or country)		Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	<i>Tenn.</i>		Signed <i>A. J. Kirby</i> M. D. <i>Oct 16, 1920</i> Address <i>Triette Tenn</i>	
10 NAME OF FATHER	11 BIRTHPLACE OF FATHER (State or country)		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
<i>William Taylor</i>	<i>Tenn.</i>		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]	
12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER (State or country)		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 _____	
<i>Mattie Taylor</i>	<i>Tenn.</i>		19 PLACE OF BURIAL OR REMOVAL	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			DATE OF BURIAL	
[Informant] <i>Louise McNamee</i>			<i>Oct 16 1920</i>	
[Address] <i>3rd Street, Byers, Tenn.</i>			20 UNDERTAKER	
15 Filed <i>Oct 16 1920</i> <i>M. H. Byers</i> REGISTRAR			<i>Louise Witt</i> <i>Triette</i>	