

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. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

272

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 13
 Primary Registration District No. 13

File No. 69
 Registered No. 69

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

2 FULL NAME Agnes Lee Carnahan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 13 - 1920
 (Month) (Day) (Year)

7 AGE 0 yrs. 8 mos. 6 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) None

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Smith Carnahan

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Clara Sutte

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. C. Head

[Address] Whitesville

15 Filed Oct 18 1920 J. Donnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 18 - 1920
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 1920 to Oct 18 1920, that I last saw him alive on Oct 18 1920 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Brain Muscularious
Croup
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. Donnell M. D.
Oct 18 1920 Address Whitesville

* 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. 8 mos. 6 ds. In the State _____ yrs. 8 mos. 6 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL W. Co. Cain County DATE OF BURIAL Oct 19 1920

20 UNDERTAKER None ADDRESS _____