

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

STATE BOARD OF HEALTH
Bureau of Vital Statistics

273

CERTIFICATE OF DEATH

Registration District No. 14, 4409
Primary Registration District No.

File No. 1920
Registered No. 14

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

2 FULL NAME Eliza Jennette Pitts

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11/12/1872
(Month) (Day) (Year)

7 AGE 47 yrs. mos. ds. (If LESS than 1 day, ... hrs. or ... min.?)

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

9 BIRTHPLACE (State or country) Arkansas

10 NAME OF FATHER Jonathan Pitts

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Michael Apple

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] John Willits

[Address] Quincy, Ala. Tenn.

15

Filed 11/14/1920 W. M. Ballou
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11/14/1920
[Month] [Day] [Year]

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

The CAUSE OF DEATH* was as follows:

Heart failure

[Duration] yrs. mos. ds.

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

Signed _____, M. D.

Address _____

* 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 DATE OF BURIAL

Johnson Cemetery 11/20/1920

20 UNDERTAKER ADDRESS

Friends