

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. 12 Registration District No. 44412 File No. 14
 or Mayfield Primary Registration District No. 12 Registered No. 14
 or _____ City (No. _____ St.; _____ Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)
2 FULL NAME Ova Williams

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH
 276

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 5, 1898
(Month) (Day) (Year)

7 AGE 22 4 17 If LESS than 1 day,hrs. ormin.?
 yrs. mos. ds.

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

9 BIRTHPLACE Jackson Co Tenn
(State or country)

PARENTS

10 NAME OF FATHER Asa Pearson

11 BIRTHPLACE OF FATHER Jackson Co Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Pearly Hit

13 BIRTHPLACE OF MOTHER Jackson Co Tenn
(State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 22, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1920, to Oct 20, 1920
 that I last saw her alive on Oct, 1920, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Typhoid Fever

.....(Duration)..... yrs. mos. ds. 40

Contributory _____
(SECONDARY)

(Signed) W. M. McCom, M. D.
Nov 6, 1920 (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: _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Asa Pearson
Mayfield Tenn
 (Address) _____

15
 Filed Nov 6, 1920 In W. B. Billingsley
Jackson Co Tenn REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Pearson Cemetery **DATE OF BURIAL** Oct 23, 1920

20 UNDERTAKER Hace Williams **ADDRESS** Mayfield Tenn