

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.

STATE OF TENNESSEE 287
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 3
 OR
 Village _____
 OR
 City _____ (No. _____ *St.; _____ Ward)

Registration District No. 44413 File No. 70
 Primary Registration District No. 13 Registered No. 70

2 FULL NAME Esther B. Scott

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH
March - 21 1898
 (Month) (Day) (Year)

7 AGE 22 yrs. 7 mos. 27 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS
10 NAME OF FATHER John Mac-Davis
11 BIRTHPLACE OF FATHER (State or country) Tenn.
12 MAIDEN NAME OF MOTHER Margaret Ann Fox
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. D. Decker
 [Address] Whitelyville

15
 File No. 116-77-1920 J. D. Decker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 17 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
Nov 15 1920 to Nov 16, 1920,
 that I last saw her alive on Nov 16, 1920,
 and that death occurred, on the date stated above, at 2 M.
 The CAUSE OF DEATH* was as follows:
Purpural Eclampsia 1178

[Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J. D. Decker M. D.
Nov 17, 1920 Address Whitelyville

* 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 22 yrs. 7 mos. 27 ds. In the 22 yrs. 7 mos. 27 ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jackson County **DATE OF BURIAL** Nov 17, 1920
20 UNDERTAKER None **ADDRESS** _____