

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. 5th
 or Village Granville
 or City _____ (No. _____, St.: _____ Ward _____)
 Registration District No. 44405
 Primary Registration District No. 5
 File No. 291
 Registered No. 1
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Marry E. Huff

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 23, 1835
 (Month) (Day) (Year)

7 AGE 85 yrs. 4 mos. 11 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Smith Co. Tennessee

10 NAME OF FATHER Stephen Elrod

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Martha McDonald

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Bebe Huff
 [Address] Granville

15 Filed _____ By Mrs J. H. Daniel
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 3, 1921
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1920, to Jan 3, 1921, that I last saw her alive on Jan 2, 1921, and that death occurred, on the date stated above, at 8 P. M.
 The CAUSE OF DEATH* was as follows:
Pneumonia Pneumonia
1000
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed L. M. Freeman, M. D.
 Address Granville

* 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 Nellys Bend DATE OF BURIAL Jan 4
 20 UNDERTAKER Williamson ADDRESS Granville