STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44404 File No. 297
Primary Registration District No. Registered No. 3

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

1 PLACE OF DEATH
County Jackson
Civil Dist. # 4
OR
Village
OR
City (No. , St.; Ward)

2 FULL NAME Callie Trent

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.

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: Nov (Month) 18 (Day) 1919 (Year)
7 AGE: 1 yrs. 2 mos. 2 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)

PARENTS
10 NAME OF FATHER: William Trent
11 BIRTHPLACE OF FATHER [State or country]: Tenn
12 MAIDEN NAME OF MOTHER: Cannie Mondy
13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Fred Patent
[Address] Haydenburg
15 Filed 2-9 '21 Patt Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan [Month] 20 [Day], 1921 [Year]
17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1921, to Jan 15 1921
that I last saw her alive on Jan 15, 1921
and that death occurred, on the date stated above, at 7 a M
The CAUSE OF DEATH* was as follows:
100a
Bronical Pneumonia
[Duration] yrs. mos. 9 ds.
Contributory [SECONDARY]
[Duration] yrs. mos. ds.
Signed Frank B. Clark M. D.
Feb 9, 1921 Address Haydenburg

* 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: Mondy Grove Zd — DATE OF BURIAL: 1/21/1921
20 UNDERTAKER: S C Coffee — ADDRESS: Haydenburg

Form V. S. No. 4 Printing Department, Tennessee Industrial School