

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
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 14
 OR
 Village _____
 OR
 City _____ (No. _____ St.: _____ Ward _____)

Registration District No. 44414 File No. 313
 Primary Registration District No. 14 Registered No. _____

2 FULL NAME Martha Dixon Cornwell
 [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 Married
 (Write the word)

6 DATE OF BIRTH Sept 25 1852
 (Month) (Day) (Year)

7 AGE 69 yrs. 4 mos. 18 da. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Wm Dixon

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Martha Dixon

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] F. O. Cornwell
 [Address] Garrisonboro

15 Filed Feb 16 1921 Berry Bay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb-13 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb-13 1921 to Feb-13 1921, that I last saw him live on Feb-13 1921 and that death occurred, on the date stated above, at 10:50 AM

The CAUSE OF DEATH* was as follows:
Apoplexy of Brain
129

[Duration] ____ yrs. ____ mos. ____ da.

Contributory (SECONDARY) Arterio Sclerosis (Cause)
By nephritis, [Duration] ____ yrs. ____ mos. ____ da.

Signed Chas Robinson M. D.
Feb-13 1921 Address Defeated Tenn

* 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. ____ da. State ____ yrs. ____ mos. ____ da.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Fairly Covey DATE OF BURIAL Feb-14 1921

20 UNDERTAKER Marion Russell Defeated ADDRESS _____