

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 OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. Sieth

Village Hillman B #1

City (No. , St.; Ward)

Registration District No. \_\_\_\_\_

Primary Registration District No. 442

File No. 314

Registered No. 4

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

2 FULL NAME Eveline Poston

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 Feb. 17, 1860  
 (Month) (Day) (Year)

7 AGE 60 yrs. 11 mos. 24 ds.  
 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Geo. West

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Vinny Bailey

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Geo Poston

[Address] Hillman B #1

15 Filed 8/11, 1921 A. J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 14 21  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 11-12-1920 to 12-6-1921

that I last saw her alive on 12-6-1921

and that death occurred, on the date stated above, at 1000 AM

The CAUSE OF DEATH\* was as follows: 1226

Cerebros of Siver

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed W. M. Brown M. D.

2 19 1921 Address Hillman, 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. 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 New Hope DATE OF BURIAL 2-16 1921

20 UNDERTAKER Burford West ADDRESS Hillman B #1