

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. #4OR  
VillageOR  
CityRegistration District No. 44404

Primary Registration District No.

File No. 328Registered No. 4

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

2 FULL NAME Susan West

## 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. 12<sup>th</sup> 1844  
(Month) (Day) (Year)7 AGE 77 yrs. — mos. 23 ds. If LESS than 1 day, ... hrs. or ... min.?8 OCCUPATION at home  
(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) Jackson Co., Tennessee10 NAME OF FATHER David Ray11 BIRTHPLACE OF FATHER (State or country) U.S.A.12 MAIDEN NAME OF MOTHER Martha McCawley13 BIRTHPLACE OF MOTHER (State or country) U.S.A.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] S. West[Address] Haydenburg, Tenn.15 Filed Mar 21 1921 Patt Clark  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 5 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 20 1920 to Mar 5 1921, that I last saw him alive on Feb 20 1921 and that death occurred, on the date stated above, at 10 AMThe CAUSE OF DEATH\* was as follows:  
Tuberculosis 31[Duration] yrs. 12 mos. ds.  
Contributory (SECONDARY) Resident Bronchitis[Duration] yrs. 4 mos. ds.  
Signed C. E. Reeves M. D.  
Mar 6 1921 Address Gainesboro

\* 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 Graveside Drive DATE OF BURIAL Mar 6 192120 UNDERTAKER Lou Witt ADDRESS Willette

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.