

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. SixthVillage William B #1

City (No. , St.; Ward)

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

Primary Registration District No. 422File No. 337Registered No. 5

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

2 FULL NAME Mary J. Meier

## 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 5 22 1892  
(Month) (Day) (Year)7 AGE 28 yrs. 10 mos. 4 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn. Portland10 NAME OF FATHER Geo. Postor11 BIRTHPLACE OF FATHER [State or country] Tenn.12 MAIDEN NAME OF MOTHER Evel West13 BIRTHPLACE OF MOTHER [State or country] Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Warren Meier[Address] William B #115 Filed May 7, 1921 99 Sharon  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 29 1921  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from 1-27 1921 to 3-5 1921, that I last saw h.w. alive on 3-5 1921

and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:

31  
Pulmonary tuberculosisContributory [SECONDARY] \_\_\_\_\_  
[Duration] yrs. mos. ds.Signed W. M. Brown M. D.  
6-9 1921 Address William B #1

\* 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 Cem DATE OF BURIAL 7-30 192120 UNDERTAKER Beauford West ADDRESS William B #1

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.