

MAKE IN RESERVE 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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 13
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 7

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

File No. 352
74
 Registered No. 711
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Abbie Henson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE _____ 5 MARRIED, married
(Write the word)

6 DATE OF BIRTH Don't know
(Month) (Day) (Year)

7 AGE 21 yrs. _____ mos. _____ 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

10 NAME OF FATHER Byram Henson

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Sarah Huff

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Harwood Harris
 [Address] Whitleyville

15 Filed May 2 1921 J. D. Quarles
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 6 1921 to May 10 1921, that I last saw her alive on May 10 1921 and that death occurred, on the date stated above, at 9 A.M.
 The CAUSE OF DEATH* was as follows: Nephrosis

Contributory [SECONDARY] _____
(Duration) yrs. mos. ds.

Signed J. D. Quarles M. D.
May 11, 1921 Address Whitleyville

* 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 Richmond Cemetery DATE OF BURIAL May 12 1921
 20 UNDERTAKER None ADDRESS _____