

MARSH RECEIVED FOR BINDING IF  
 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. 5  
 OR  
 Village Granville  
 OR  
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405 File No. 354  
 Primary Registration District No. \_\_\_\_\_ Registered No. 2

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

2 FULL NAME not named

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE, <del>MARRIED,</del> <del>WIDOWED,</del> <del>OR DIVORCED</del> (Write the word)
6 DATE OF BIRTH <u>April 24 1921</u> (Month) (Day) (Year)		
7 AGE <u>19</u> yrs. <u>19</u> mos. <u>19</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ X _____ X (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Jackson Co</u>		
10 NAME OF FATHER <u>Houston Brooks</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co</u>		
12 MAIDEN NAME OF MOTHER <u>Mildred Montgomery</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Putnam Co</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Houston Brooks  
 [Address] Granville Tenn

15 Filed 7/20 1921 By W. F. Maddux  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
May 13 1921  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 6 1921 to May 13 1921 that I last saw her alive on May 13 1921 and that death occurred, on the date stated above, at 2 P. M.  
 The CAUSE OF DEATH\* was as follows:  
Congenital deformity

Contributory (SECONDARY) \_\_\_\_\_  
 [Duration] X yrs. X mos. 19 ds.  
 Signed L. M. Freeman M. D.  
7/20 1921 Address Granville 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  
Granville Tenn  
 DATE OF BURIAL  
May 14 1921  
 20 UNDERTAKER  
Williamson Bros  
 ADDRESS  
Granville