

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.

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

County Jackson
 Civil Dist. 13
 OR
 Village _____
 OR
 City _____

Registration District No. H-4413
 Primary Registration District No. 13
 (No. _____ St.; _____ Ward)

File No. 75361
 Registered No. 75
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nancy Bernetta Butler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried
 (Write the word)

6 DATE OF BIRTH Dec 16 1885
 (Month) (Day) (Year)

7 AGE 85 yrs. 5 mos. 22 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION House work
 (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 Wm. Hawkins
 11 BIRTHPLACE OF FATHER (State or country) V. A.
 12 MAIDEN NAME OF MOTHER Elizabeth Hamilton
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. G. W. Burdette
 [Address] Whitleyville

15 Filed June 8 1921 J. D. Burdette REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8 1921
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 28 1921 to June 7 1921, that I last saw her alive on June 7 1921 and that death occurred, on the date stated above, at 9 AM

The CAUSE OF DEATH* was as follows: Acute Gastritis 915
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory arterio Sclerosis
 [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. D. Burdette M. D.
June 8 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 85 yrs. 5 mos. 22 ds. In the 85 yrs. 5 mos. 22 ds. of death
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Burton Lumber Co. City DATE OF BURIAL June 9 1921

20 UNDERTAKER None ADDRESS _____