

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.

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

**1 PLACE OF DEATH**  
 County Jackson  
 Civil Dist. 9  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44409 File No. 130368  
 Primary Registration District No. \_\_\_\_\_ Registered No. 10

**2 FULL NAME** Mary Wilson Scot

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** F.M. **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** married  
 (Write the word)

**6 DATE OF BIRTH** June 27 1882  
 (Month) (Day) (Year)

**7 AGE** 28 yrs. 1 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) Scott Putnam Co

**10 NAME OF FATHER** H. Drundel

**11 BIRTHPLACE OF FATHER** [State or country] Tenn

**12 MAIDEN NAME OF MOTHER** Lou Wilson

**13 BIRTHPLACE OF MOTHER** [State or country] Tenn

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] Arvert McCain  
 [Address] Loiseshore Tenn

**15** Filed Sept 3, 1914 A. M. Ballard  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** July 31 1914  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_ 191\_\_\_\_ to \_\_\_\_\_, 191\_\_\_\_  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M  
 The CAUSE OF DEATH\* was as follows:  
Heart trouble  
no medical aid  
death [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory [SECONDARY]** \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed \_\_\_\_\_ M. D.  
 \_\_\_\_\_ 191\_\_\_\_ Address \_\_\_\_\_

\* 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 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State 28 yrs. 1 mos. 4 ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** McCain Cemetery **DATE OF BURIAL** July 1, 1914

**20 UNDERTAKER** Friends **ADDRESS** \_\_\_\_\_