

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. 14  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44414  
Primary Registration District No. 41

File No. 371

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

2 FULL NAME Mrs Matthe Huffines

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 2, 1864  
(Month) (Day) (Year)

7 AGE 57 1 If LESS than 1 day, ---hrs. or ---min.?  
---yrs. ---mos. ---ds.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Quail Keeping  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Sumner

10 NAME OF FATHER James Glauer

11 BIRTHPLACE OF FATHER (State or country) Sumner

12 MAIDEN NAME OF MOTHER Lutney Glauer

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sam. Chester Huffines  
(Address) Defted Sumner

15 Filed \_\_\_\_\_, 1911 P. Barry Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH, Aug 2, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from About 15 months, to \_\_\_\_\_, 1911, that I last saw him alive on Aug 1, 1921, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH \* was as follows: Tuberculosis Pulmonary  
3 R  
(Duration) ---yrs. ---mos. ---ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) ---yrs. ---mos. ---ds.  
(Signed) S. O. Crumley, M. D.  
Aug 2, 1921 (Address) Gambro, 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 Family DATE OF BURIAL Family Aug 3, 1921

20 UNDERTAKER M. H. Russell ADDRESS Defted