

MARGIN RESERVED FOR FINDING

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. 5  
 on Village Granville  
 or City (No. , St.; Ward)

Registration District No. 44405  
 Primary Registration District No. \_\_\_\_\_

File No. 374  
 Registered No. 6  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Alice Carter Cooper

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Jan 12 1869  
 (Month) (Day) (Year)

7 AGE 52 yrs. 7 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION Housewife  
 (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) Jackson Co

PARENTS

10 NAME OF FATHER Nelson Carter

11 BIRTHPLACE OF FATHER [State or country] Jackson Co

12 MAIDEN NAME OF MOTHER Mary Jane Cooper

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] B. J. Cooper  
 [Address] Granville

15 Filed 8/15 21 by W. P. Maddux  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Aug 15 21  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 24 1921 to Aug 13, 1921, that I last saw her alive on Aug 13, 1921 and that death occurred, on the date stated above, at 9:20 AM  
 The CAUSE OF DEATH\* was as follows:  
Septicemia  
Poison from carbuncle

[Duration] yrs. mos. ds.

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

Signed L. M. Freeman M. D.  
8/15 21 Address Granville

\* 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 8/14 21

20 UNDERTAKER Williamson Bros ADDRESS Granville