

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13OR
VillageOR
CityRegistration District No. 14413Primary Registration District No. 13

(No. St.; Ward)

File No. 7375Registered No. 16

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

2 FULL NAME Gary Mae Mosley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH July - 1 - 1920
(Month) (Day) (Year)7 AGE 1 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(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) Tenn10 NAME OF FATHER Bert Mosley11 BIRTHPLACE OF FATHER [State or country] Tenn12 MAIDEN NAME OF MOTHER Eva Crowder13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Martha Crowder[Address] Whitelyville15 Filed Aug 19 1921 J. D. Luce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug - 18 - 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 16 - 1921 to Aug 17, 1921, that I last saw her alive on Aug 17, 1921 and that death occurred, on the date stated above, at 2 A M

The CAUSE OF DEATH* was as follows:

Brachy Dysentery

[Duration] yrs. mos. ds.

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

Signed J. D. Luce M.D. M. D.Aug 19 - 1921 Address Whitelyville

* 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 1 yrs. 1 mos. 17 ds. In the State 1 yrs. 1 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Keokuk CountyAug 19 1921

20 UNDERTAKER

ADDRESS

None

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.