

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 12

or Village Mayfield

or City _____

Registration District No. 44412

Primary Registration District No. 12

(No. _____ St.; _____ Ward)

File No. 6376

Registered No. 6

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

2 FULL NAME Sallie Hudson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 7, 1869
(Month) (Day) (Year)

7 AGE 52 1 14 If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Calvin Meaddy

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Van Stafford

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Hudson
Gainesboro Tenn R#3
(Address)

15 Filed Aug 27, 1921 by Jud B Billingsley
Gainesboro REGISTRAR
Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 20, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1921, to Aug, 1921,
that I last saw her alive on Aug, 1921,
and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Consumption (31)
Hereditary of the Family

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W M McLois, M. D.
Aug 27, 1921 (Address) Gainesboro Tenn R#3

*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 Pharris Cemetery DATE OF BURIAL Aug 21, 1921

20 UNDERTAKER Charley Wright ADDRESS Gainesboro Tenn R#3

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.