

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 1st
 or Village Gainestown
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441
 Primary Registration District No. 4401

File No. 10380

Registered No. _____

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

2 FULL NAME Meriah Clay Jones

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____, _____, 1____
(Month) (Day) (Year)

7 AGE 76 yrs., 10 mos., 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER James Giggis

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Giggis

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) James York's son
Gainestown Tennessee
 (Address) _____

15 Filed Nov 6, 1921 Mrs M H Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 6, 1921.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st 1921, to Sept 3rd, 1921; that I last saw her alive on Sept 3rd, 1921, and that death occurred, on the date stated above, at 6 P.m.

The CAUSE OF DEATH* was as follows:
Old age & possibly some ill

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

Contributory (SECONDARY) none

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

(Signed) Chas E. Keers M. D.
 _____, 1921 (Address) Gainestown 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 13 yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? Place of death
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Johnson Cemetery 1st Dist DATE OF BURIAL Sept 7, 1921

20 UNDERTAKER _____ ADDRESS _____