

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

County Jackson

Civil Dist. 8

Village \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 44408

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

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

File No. 7383

Registered No. \_\_\_\_\_

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

2 FULL NAME Bessie Tidwell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (Write the word)

16 DATE OF DEATH Sept. 11, 1924  
 [Month] [Day] [Year]

6 DATE OF BIRTH \_\_\_\_\_  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1924 to Aug. 28, 1924, that I last saw h alive on Aug. 28, 1924

7 AGE 35 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

and that death occurred, on the date stated above, at \_\_\_\_\_  
 The CAUSE OF DEATH\* was as follows:

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

Pulmonary Tuberculosis  
 [Duration] yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (State or country) Tenn.

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

10 NAME OF FATHER unknown

Signed R. C. Saw. M. D.  
Oct. 10, 1924 Address Gaineswood Tenn

11 BIRTHPLACE OF FATHER [State or country] \_\_\_\_\_

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

12 MAIDEN NAME OF MOTHER Melvinie Brown

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] R. C. Saw.

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 \_\_\_\_\_

[Address] Gaineswood Tenn

19 PLACE OF BURIAL OR REMOVAL Ray Tenn. DATE OF BURIAL Sept. 12, 1924

15 Filed Oct. 10, 1924 Mrs. T. M. Carter REGISTRAR

20 UNDERTAKER L. Ward, Spring Springs Tenn. ADDRESS \_\_\_\_\_