

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 6th
 OR
 Village Gainsboro R#2
 OR
 City (No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

File No. 385
 Registered No. 72

2 FULL NAME Melie Susan Barlow

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

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 unknown 1982
(Month) (Day) (Year)

7 AGE 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn Country

10 NAME OF FATHER William Harris

11 BIRTHPLACE OF FATHER (State or country) Country

12 MAIDEN NAME OF MOTHER Sallie Scott

13 BIRTHPLACE OF MOTHER (State or country) Country Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] William Barlow
 [Address] Gainsboro R#2

15 Filed Nov 15 1921 C. J. Pharis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 19 21
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-19 1921 to 9, 19 1921, that I last saw her alive on 9 19 1921 and that death occurred, on the date stated above, at 10026

The CAUSE OF DEATH* was as follows:
caused
Hamorrhage from
adherent Placenta
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.
 Signed W. W. Brown M. D.
9, 20, 1921 Address Belham, 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 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 Antioch DATE OF BURIAL 9/20 1921

20 UNDERTAKER Fayette Brown ADDRESS Gainsboro R#2