Jackson County ... PHYSICIANS should Civil Dist. Registration District No..... Village Primary Registration District No. OR City martha EXACTLY. PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE | 5 SINGLE. 3 SEX WIDOWED, (Write the word) 17 6 DATE OF BIRTH If LESS than 7 AGE 1 day. hrs. or min.? AGE up be 8 OCCUPATION business, or establishment in which employed (or employer) BIRTHPLACE (State or country) [SECONDARY] 1 BIRTHPLACE OF FATHER [State or country] 13 BIRTHPLACE OF MOTHER [State or country] 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former of usual reside TION [Informant] [Address] Form V. S. No. 4 20M. Tennessee Industrial School Print.

1 PLACE OF DEATH

STATE BOARD OF HEALTH **Bureau of Vital Statistics** CERTIFICATE OF DEATH File No. 3 396 Registered No. [If death occurred in a hospital or institution, give its NAME instead of Ward) street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH [Day] I HEREBY CERTIFY. That I attended deceased from that I last saw heat alive on. and that death occurred, on the date stated above, The CAUSE OF DEATH' was as follows: [Duration] Contributory State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS Where was disease contracted, if not at place of death?..... DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRES

STATE OF TENNESSEE