

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. 44411Primary Registration District No. 11File No. 397Registered No. 12

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

2 FULL NAME Maggie Stafford Hamlet

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 6 / 8 / 1896
(Month) (Day) (Year)7 AGE 25 yrs. 4 mos. 2 ds. If LESS than 1 day, _____ hr. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Ed Stafford11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Wiley Shan(Address) Gainesboro P#X15 Filed 11/10/21 L. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 16 / 10 / 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 8/1 1921 to 10/9 1921, that I last saw her alive on 10/9 1921 and that death occurred, on the date stated above, at 6 A M

The CAUSE OF DEATH* was as follows:

Chrom. malaria 5[Duration] _____ yrs. 6 mos. _____ ds.

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ ds.

Signed L. Henderson M. D.10/12 1921 Address Gainesboro

* 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 Stafford Cem. DATE OF BURIAL 10/11 192120 UNDERTAKER G. D. Stafford ADDRESS GainesboroMARGIN 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.