

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 OR
 Village _____
 OR
 City _____ (No. _____ St.; Ward _____)

Registration District No. 44404
 Primary Registration District No. _____

File No. 403
 Registered No. 9

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

2 FULL NAME Margaret Mercer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE white
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH Dec 14 1905
 (Month) (Day) (Year)

7 AGE 15 yrs. 10 mos. 2 ds.
 If LESS than 1 day, hrs. _____ min. ?

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

9 BIRTHPLACE Tenn
 (State or country)

10 NAME OF FATHER James Mercer

11 BIRTHPLACE OF FATHER Tenn
 [State or country]

12 MAIDEN NAME OF MOTHER Margaret Maxwell

13 BIRTHPLACE OF MOTHER Kentucky
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] James Mercer
Haydenburg
 [Address]

15 Filed Oct 17 21 Patt Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 16 21
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1921 to Oct 16 1921, that I last saw her alive on Oct 16 1921 and that death occurred, on the date stated above, at 4 P M
 The CAUSE OF DEATH* was as follows:
Typhoid Fever

[Duration] yrs. mos. 30 ds.

Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds. _____
 Signed J. D. Quarles M. D.
Oct 17 1921 Address Whiteville

* 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 Keith Loney DATE OF BURIAL Oct 17 21

20 UNDERTAKER W. C. Good ADDRESS Whiteville