

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. 12

Village Bloomington Springs

City Jen R#1 (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 9425

Registered No. 9

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

2 FULL NAME May Goolsby

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 April 25, 1902  
(Month) (Day) (Year)

7 AGE 19 yrs. 8 mos. 8 ds. If LESS than 1 day, .... hrs. or .... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work House Girl and School Girl  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER J E Goolsby

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Ollie Park

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elvis Goolsby  
Bloomington Springs Tenn R#1  
(Address)

15 Filed Jan 1, 1922 W. B. Billingsly REGISTRAR  
Bloomington Springs Tenn R#1

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH December 25, 1921  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1921, to Dec 23, 1921, that I last saw her alive on Dec 23, 1921, and that death occurred, on the date stated above, at 10 am.

The CAUSE OF DEATH\* was as follows:  
Erysipelas & Scrophalo  
of long standing  
(Duration) 2 yrs. .... mos. .... ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. .... mos. .... ds.  
(Signed) W. M. McLean M. D.  
Jan 1, 1922 (Address) Bloomington R#1

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

16 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 Goolsby cemetery DATE OF BURIAL Dec 26, 1921

20 UNDERTAKER Meriba Goolsby ADDRESS Bloomington Tenn R#1