

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. First  
OR  
Village Grainestown  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441  
Primary Registration District No. 2401

File No. 9 304

Registered No. \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Marys Martin

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 \_\_\_\_\_ 191\_\_\_\_  
(Month) (Day) (Year)

7 AGE 99 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work House wife and make  
(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 \_\_\_\_\_

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Polly Ann Stafford

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] John Martin  
[Address] Grainestown

15 Filed J. H. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 5 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2 did not to her, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on Nov. 191 and that death occurred, on the date stated above, at her M. The CAUSE OF DEATH\* was as follows:  
old age and heart

Contributory [SECONDARY] \_\_\_\_\_ [Duration] yrs. mos. ds.

Signed Chas. E. ... M. D.

191\_\_\_\_ Address \_\_\_\_\_

\* 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 Cemetery DATE OF BURIAL Dec 6 1922

20 UNDERTAKER ... ADDRESS \_\_\_\_\_