

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. 6th  
 OR  
 Village Hickman B.H.  
 OR  
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_  
 Primary Registration District No. 442  
 (No. , St.; Ward)

File No. 305  
 Registered No. 2  
 [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME

Julia Postor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 (Write the word)  
 6 DATE OF BIRTH Jan 20 1850  
 (Month) (Day) (Year)

7 AGE 72 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
 yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Gainesboro

10 NAME OF FATHER Reuben Bady

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (State or country) Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] W. A. Ly  
 [Address] Gainesboro

15 Filed 2/6 by A. J. Charms REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 5 22  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1922 to 2-5-1922, that I last saw her alive on 2-5, 1922 and that death occurred, on the date stated above, at 7:00 PM

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia following confinement to bed for a Broken leg accident was followed by a large & was crushed  
 Contributory (SECONDARY) Stroke & paralysis by Mrs. W. M. Brown  
 Signed W. M. Brown M. D.  
2-17 1922 Address Hickman Tenn

\* 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 Big Ballou DATE OF BURIAL Feb 6 1922

20 UNDERTAKER John A. ... ADDRESS Gainesboro