

ALWAYS RESERVED FOR BINDING USE

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. No 2
 OR
 Village Hydenburg
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

319

Registration District No. 44402
 Primary Registration District No. 2

File No. 3
 Registered No. 3

2 FULL NAME Versie Clifford Sloan

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
 6 DATE OF BIRTH July 25 1912
 (Month) (Day) (Year)

7 AGE 9 yrs. 7 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work 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 Clay C. Sloan

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

12 MAIDEN NAME OF MOTHER Versie Shreve

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed 3/12/1922 Alonzo McEawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw her alive on March 7 1922 and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows:
90
Mitrial Insufficiency.

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

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

Signed W H Stone M. D.
March 10 1922 Address Hydenburg Tenn #2

* State the DISEASE CAUSING DEATH, or in deaths from VOLENT 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 Mosley Grove yard DATE OF BURIAL 3/9-1922
 20 UNDERTAKER Not known ADDRESS _____