

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. 11
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444 11
Primary Registration District No. 11

File No. 339
Registered No. 9

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

2 FULL NAME Mary C. Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH unknown
(Month) (Day) (Year)

7 AGE About 75 yrs. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Sister Betty
[Address] Gainesboro R#4

15 Filed 5/10 1922 L. R. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 13 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4/10 1922, to 4/13 1922, that I last saw her alive on 4/13 1922, and that death occurred, on the date stated above, at 10 AM
The CAUSE OF DEATH* was as follows: Pneumonia

[Duration] _____ yrs. _____ mos. 4 ds.
Contributory [SECONDARY] Broncho Pneum.
[Duration] _____ yrs. _____ mos. 1 ds.
Signed L. R. Anderson M. D.
4/14 1922 Address Gainesboro

* 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 Pharos Cem. DATE OF BURIAL 4/14 1922

20 UNDERTAKER Joe Pruitt ADDRESS Gainesboro