

WRITE PLAIN, 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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

340
13

1 PLACE OF DEATH
County Jackson
Civil Dist. No 1 Registration District No. 441 File No. 13
Village _____ Primary Registration District No. 44401 Registered No. _____
or _____ (No. _____, _____ St.; _____ Ward)
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Emma McCain

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____, 1 _____
(Month) (Day) (Year)

7 AGE 15 out 8 If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.

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

9 BIRTHPLACE Tenn
(State or country)

PARENTS
10 NAME OF FATHER Jack Brooks
11 BIRTHPLACE OF FATHER Jackson Co Tenn
(State or country)
12 MAIDEN NAME OF MOTHER Blair
13 BIRTHPLACE OF MOTHER Jackson Co Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filed May 18 1912 Mrs M. G. Dettle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 16, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 16 1912, to Apr 21 1912, that I last saw her alive on Apr 21 1912, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows: Senile debility 164

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. C. Gair M. D.
May 8 1912 (Address) Jamesboro 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 Brooks Cemetery DATE OF BURIAL Apr 19 1912
20 UNDERTAKER Draft & Draft ADDRESS Sumner