

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 6

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. _____

Primary Registration District No. 442File No. 345Registered No. 3

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

2 FULL NAME Mary Dawson Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, Yes WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH March 11, 1894
(Month) (Day) (Year)7 AGE 28 0 21 IF LESS than
----- yrs. ----- mos. ----- ds. 1 day, ----- hrs. or ----- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife9 BIRTHPLACE (State or country) Jamesboro10 NAME OF FATHER Jess Stafford11 BIRTHPLACE OF FATHER (State or country) Jamesboro12 MAIDEN NAME OF MOTHER Minnie Stafford13 BIRTHPLACE OF MOTHER (State or country) Jamesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert P. Harris(Address) Jamesboro15 Filed May 2, 1922 A. J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 1, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 19th 1922, to April 30th, 1922, that I last saw her alive on April 30th, 1922, and that death occurred, on the date stated above, at 9 a.m.The CAUSE OF DEATH* was as follows:
Ingestion due to abortion

(Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) ----- (Duration) ----- yrs. ----- mos. ----- ds.

(Signed) Chas. E. Reeves M. D.
May 4th, 1922 (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, place of death
If not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Best cemetery DATE OF BURIAL May 2, 192220 UNDERTAKER H. E. Scott ADDRESS Jamesboro

WHITE PL. LY. WITH UNFADING INK—THIS IS A PERM. ENT RECORD

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.