

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. 12

or Village Blessing

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4412

File No. 8847

Primary Registration District No. 12

Registered No. 8

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

2 FULL NAME Mary Etter Chaffin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH September 30, 1881
(Month) (Day) (Year)

7 AGE 40 yrs. 7 mos. 24 ds. If LESS than 1 day,-----hrs. or-----min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. House Keeping
(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 Geo Petty

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

12 MAIDEN NAME OF MOTHER N B Chaffin

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. R. Billingsley
(Address) Gainesboro Tenn R 3

15 Filed May 14, 1922 Geo B. Billingsley REGISTRAR
Gainesboro Tenn R 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1922 to May 12, 1922 that I last saw her alive on May 12, 1922 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: She followed Big
Bruciania Fever
(Duration)-----yrs.-----mos. 30 ds.

Contributory (SECONDARY) _____ (Duration)-----yrs.-----mos.-----ds.
(Signed) N. M. McLean M. D.
May 15, 1922 (Address) Gainesboro Tenn R 3

*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 Hot Country DATE OF BURIAL May 14, 1922

20 UNDERTAKER F. E. Birdwell ADDRESS Douglasville Tenn