

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 Goinesboro  
 OR  
 City The R.F. (No.       , St.;        Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

File No. 7-362

Registration District No. 44402

Registered No. 7

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

2 FULL NAME Eveline Sises

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 Aug 16 1840  
(Month) (Day) (Year)

7 AGE 41 yrs. 6 mos. 28 ds. If LESS than 1 day,        hrs. or        min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Housewife  
 (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 Ashberry Parker

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

12 MAIDEN NAME OF MOTHER Susan Gaines

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 July 14 1922 Blonzo Mcawley  
 191        REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1922 to June 28 1922, that I last saw her alive on 28 of June 1922

and that death occurred, on the date stated above, at 1 - P.M

The CAUSE OF DEATH\* was as follows:

Typhoid Fever - 10

[Duration]        yrs.        mos.        ds.

Contributory [SECONDARY]

[Duration]        yrs.        mos.        ds.

Signed D. W. Cornwell M. D.

July 12 1922 Address Haydenburg Rd

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 DATE OF BURIAL

Howell Crane yard June 29 1922

20 UNDERTAKER ADDRESS Howell Crane  
B.P. Howell Goinesboro