

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. 19

or Village Latency

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412

Primary Registration District No. 12

File No. 380
14

Registered No. 14

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

2 FULL NAME Martha Hot

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 August 6, 1854
(Month) (Day) (Year)

7 AGE 68 yrs. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Jackson Co Tenn
(State or country)

10 NAME OF FATHER Shepard Kirby

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

12 MAIDEN NAME OF MOTHER Nancy Brown

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. M. Chapman
Gambelbaro Tenn R #3
(Address)

15 Filed Aug 27, 1922 J. B. Billingsley REGISTRAR
Gambelbaro Tenn R #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 26, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1921, to Feb 10, 1922 that I last saw her alive on Feb 10, 1922 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: 129
First Pneumonia,
Then Spinal Meningitis,
and at last Paralysis.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Nephritis.
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) N. M. McCoin, M. D.
191____ (Address)

*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 Aug 27, 1922

20 UNDERTAKER J. E. Birdwell ADDRESS Poulters Springs Tenn