

MARGIN RESERVED FOR BINDING

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. 5
 OR
 Village Bronoville
 OR
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44405
 Primary Registration District No. _____

File No. 396
 Registered No. 24

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

2 FULL NAME Maddie Burton

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 About 1888
 (Month) (Day) (Year)

7 AGE 84 yrs. mos. ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Dr. J. M. Minn

11 BIRTHPLACE OF FATHER [State or country] do

12 MAIDEN NAME OF MOTHER do

13 BIRTHPLACE OF MOTHER [State or country] do

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filled 12-3-22 by W. J. Maddy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 15 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191__ to 191__

that I last saw him alive on _____, 191__ and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Senility + dislocation of hip
no doctor
invalid for years 156
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.

Signed _____ 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 Bronoville DATE OF BURIAL Oct 16 22

20 UNDERTAKER Williamson Bros ADDRESS Bronoville