

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 8OR
VillageOR
CityRegistration District No. 44004

Primary Registration District No.

(No. , St.; Ward)

File No. 3

Registered No.

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

2 FULL NAME Bettie Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) X6 DATE OF BIRTH Jan 2 1928
(Month) (Day) (Year)7 AGE 14 yrs. 22 mos. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work school girl
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER X11 BIRTHPLACE OF FATHER (State or country) X12 MAIDEN NAME OF MOTHER Coramilianson13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bettie Harris[Address] Gainesboro15 Filed Jan 8 1928 Mrs. J. M. Carr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24 1928
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1928 to Jan 24 1928, that I last saw h. alive on Jan 22 1928and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Influenza[Duration] yrs. 14 ds.

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

Signed R. C. Gave M. D.192 Address Gainesboro

* 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 Illness DATE OF BURIAL Jan 25 192820 UNDERTAKER no ADDRESSMARGIN 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.