

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County JacksonCivil Dist. # 4OR  
Village \_\_\_\_\_OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)Registration District No. H 4404

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 3

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

2 FULL NAME Sallie Griffith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)6 DATE OF BIRTH Jan 14 1848  
(Month) (Day) (Year)7 AGE 78 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION  
(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) Tenn10 NAME OF FATHER McKinnin11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Braswell13 BIRTHPLACE OF MOTHER (State or country) Tenn

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. B. Braswell[Address] Red Boiling Spgs15 Filed 2-25-23 by Pat Clark

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 24 23  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 21 1923 to only, 1913, that I last saw h. alive on \_\_\_\_\_, 1913and that death occurred, on the date stated above, at 2 A M  
The CAUSE OF DEATH\* was as follows:influenza 129

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Chronic nephritis[Duration] 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Signed F B Clark M. D.  
2-25-23, 1913 Address Red Spgs Tenn

\* 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 At Home DATE OF BURIAL 2-25-2320 UNDERTAKER W C Good ADDRESS Willette

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.