

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. WestOR  
Village GainesboroOR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; Ward \_\_\_\_\_)Registration District No. 441Primary Registration District No. 44401File No. 12

Registered No. \_\_\_\_\_

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

2 FULL NAME Mary Herod

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH \_\_\_\_\_ 1 \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 47 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.8 OCCUPATION  
(a) Trade, profession, or particular kind of work Making and mending  
(b) General nature of industry, business, or establishment in which employed (or employer) 9229 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER John Anderson11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Eliza Hahy13 BIRTHPLACE OF MOTHER (State or country) Jackson Co14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] John Herod[Address] Gainesboro15 1927  
Filed 1927 Mrs. W. H. Little  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 26 1927  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Apr 4 1927 to Apr 24 1927, that I last saw her alive on Apr 24 1927 and that death occurred, on the date stated above, at 4 AM The CAUSE OF DEATH\* was as follows:  
Typhoid Pneumonia[Duration] \_\_\_\_\_ yrs. mos. ds.  
Contributory [SECONDARY] \_\_\_\_\_  
[Duration] \_\_\_\_\_ yrs. mos. ds.  
Signed Chas C Runk M. D.  
1927 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 Brock's graveyard DATE OF BURIAL Apr 27 192720 UNDERTAKER James and Drake Gainesboro ADDRESS \_\_\_\_\_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.