

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

STATE OF TENNESSEE

401

County Jackson

STATE BOARD OF HEALTH
Bureau of Vital Statistics

Civil Dist. no 2

Registration District No. 44402

File No. 17

OR
Village Haydenburg

Primary Registration District No. 2

Registered No. 2

OR
City No. , St.; Ward

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

2 FULL NAME Bessie Roberts

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH aug 29 1918
(Month) (Day) (Year)

7 AGE 4 yrs. 2 mos. 29 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION School Girl
(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 Tenn

10 NAME OF FATHER M.C. Roberts

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER Laura B. Pyron

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29 1923
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 to 191, that I last saw her alive on 28 of June 1923 and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:
Focal Infection in left leg 20Ja

[Duration] yrs. mos. ds.

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

Signed C. E. Reeves M. D.
July 1 1923 Address Hoinsboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[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 Robert Cemetery DATE OF BURIAL June 30 1923

20 UNDERTAKER W. H. Matthews ADDRESS Haydenburg

15 Filed June 30 1923 Alvin Mcawley REGISTRAR