

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. 11
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

404

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44411
 Primary Registration District No. 11

File No. _____

Registered No. 17

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

2 FULL NAME Sallie Hopkins

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 2 5 1883
 (Month) (Day) (Year)

7 AGE 70 yrs. 5 mos. 2 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER John Upshunk

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bill Yates
 [Address] Granville P.I.

15 Filed 8/10 1923 L.P. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 7 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 1/4 1923, to 7/7, 1923, that I last saw her alive on 7/7, 1923 and that death occurred, on the date stated above, at 10 P.M.
 The CAUSE OF DEATH* was as follows: 90
mitral Regurgitation
 [Duration] 2 yrs. _____ mos. _____ ds.
 Contributory Bronchitis
 [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.
 Signed L.P. Anderson, M. D.
7/8, 1923, Address Gaimbarb

* 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 Anderson Cem. DATE OF BURIAL 7/8 1923

20 UNDERTAKER Bill Yates ADDRESS Granville