

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

420

County Jackson

STATE BOARD OF HEALTH
Bureau of Vital Statistics

Civil Dist. 15

CERTIFICATE OF DEATH

or
Village

Registration District No. 44408

File No. 99

or
City

Primary Registration District No.

Registered No.

(No. , St.; Ward)

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

2 FULL NAME Mary Jane Reels

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH August 8 1918
[Month] [Day] [Year]

6 DATE OF BIRTH (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192

7 AGE 65 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

that I last saw h. alive on 192 and that death occurred, on the date stated above, at M The CAUSE OF DEATH* was as follows:

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

Apoplexy 74a
[Duration] yrs. mos. ds.

9 BIRTHPLACE (State or country) Tenn

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

10 NAME OF FATHER Tom. Weaver

Signed R. C. Barr M. D.
August 192 Address Gainesboro

11 BIRTHPLACE OF FATHER (State or country) Tennessee

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12 MAIDEN NAME OF MOTHER Marg. McDearmon

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

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Mr. Gackey [Address] Gainesboro

19 PLACE OF BURIAL OR REMOVAL Pharris DATE OF BURIAL Aug 9 192

15 Filled and 192 Mrs. T. M. Barr REGISTRAR

20 UNDERTAKER none ADDRESS