

STATE OF TENNESSEE

356

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. 4
OR
Village _____
OR
City _____ (No. _____, St.; Ward _____)

Registration District No. _____

Primary Registration District No. 442

File No. _____

Registered No. 2

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

2 FULL NAME

Julia B. Masters

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Yes
(Write the word)
6 DATE OF BIRTH May 20 1890
(Month) (Day) (Year)
7 AGE 33 yrs. 7 mos. 21 ds.
If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER James B. Davis

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Margaret Davis

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Lyman

(Address) Hainesboro

15 File Jackson 1912

REGISTRAR James B. Davis

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 5 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____ that I last saw h_____ alive on _____ 191____ and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:

No Physician attended since a miss carried 3 or 4 weeks before death

[Duration] yrs. mos. ds. 205

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

Signed A. J. Harris M.D. 191____ 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 _____ DATE OF BURIAL Jan 6 1912

20 UNDERTAKER _____ ADDRESS Hainesboro

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 OCCURRENCE is very important. See instructions on back of certificate.