

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

County Jackson  
 Civil Dist. 2  
 OR  
 Village Haydenburg  
 OR  
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

859-02  
 1924

CERTIFICATE OF DEATH

Registration District No. 44402  
 Primary Registration District No. 2

File No. 1

Registered No. 1

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

2 FULL NAME

Sarah C. Craighhead

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 1 1875  
 (Month) (Day) (Year)

7 AGE 75 yrs. 00 mos. 00 ds. If LESS than 1 day, . . . hrs. or . . . min.?

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)

9 BIRTHPLACE (State or country) Tenn Jackson

10 NAME OF FATHER John Craighhead

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Sarah Kemp.

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15 Filed Feb 27 1924 Along, McBawley  
 191 \_\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 13 1924  
 (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:  
From all information no  
medical aid.  
could find out the cause more  
than old age. [Duration] . . . yrs. . . mos. . . ds.

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

Signed \_\_\_\_\_ 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 Ray Cemetery DATE OF BURIAL Jan 14 1924  
 191 \_\_\_\_\_

20 UNDERTAKER P. J. Wilson ADDRESS Haydenburg  
act.