

STATE OF TENNESSEE 861⁰²

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. 6
OR
Village _____
OR
City _____ (No. _____, St.; Wa _____)

Registration District No. _____
Primary Registration District No. 442

File No. _____
Registered No. 4
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Manda Scott

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 August 31, 1857
(Month) (Day) (Year)

7 AGE 54 yrs. 5 mos. 15 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) Jamesboro

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Thomas Cobby
[Address] Jamesboro

15 Filed Jan 14, 1924 Dr. Pharris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 15, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1924 to Jan 14, 1924, that I last saw h. alive on Jan 14, 1924, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows: Paralysis
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed Dr. P. Reeves M. D.
23 1924 Address Jamesboro

* 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 South Cemetery DATE OF BURIAL Jan 14, 1924
20 UNDERTAKER Thomas Cobby ADDRESS Jamesboro

DO NOT TEAR OUT

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.