

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. X 4

Village

City

Registration District No. 44404

Primary Registration District No.

File No.

Registered No. 2

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

2 FULL NAME Maggie Clark

## 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 July 29 1841  
(Month) (Day) (Year)7 AGE 82 yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER George Birdwell11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Louisa Birdwell13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] V C Clark[Address] Haydenburg15 Filed Jan 30 1924 Patt Clark

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 30 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY that I attended deceased from no physician to 1924 and that I last saw him in his own home and that death occurred, on the date stated above, at 1:30 P.M.The CAUSE OF DEATH\* was as follows: most likely Blue 116 coupled with old age  
[Duration] yrs. mos. ds. 7

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

Signed Patt Clark B R U S M. D.Jan 30 1924 Address Haydenburg

\* 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 H & Clark Cemetery DATE OF BURIAL Jan 31 192420 UNDERTAKER W C Good ADDRESS Willie

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY. 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.