

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 11  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 444 11  
Primary Registration District No. 11

File No. \_\_\_\_\_

Registered No. 3

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

2 FULL NAME Sallie Dawell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
(Write the word)6 DATE OF BIRTH 11 5 1834  
(Month) (Day) (Year)7 AGE 89 yrs. 3 mos. 3 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION Housekeeper  
(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) Tenn.10 NAME OF FATHER Henry Piffie11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Lizzie Lawson13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Austin Dawell[Address] Granville R. 1.15 Filed 3/10 1924 L. R. Anderson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 8 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 2/8 1924 to 2/9 1924 that I last saw her alive on 2/9 1924 and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH\* as follows:

Apoplexy 74a

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

Signed L. R. Anderson2/9 1924 Address Gainesboro

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, 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 Wagoner DATE OF BURIAL 2/9 192420 UNDERTAKER Samuel Dillman ADDRESS Granville

DO NOT TEAR OUT

V, Y

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.