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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

703

377

1 PLACE OF DEATH

County Jackson

Civil Dist. first

OR Village Gainesboro

OR City

Registration District No. 4461

Primary Registration District No. 446401

File No. 3

Registered No.

(No. , St.; Ward)

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

2 FULL NAME Mattie Brown

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

(Month) (Day) (Year)

7 AGE 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co

PARENTS

10 NAME OF FATHER Jimmie T Brown

11 BIRTHPLACE OF FATHER [State or country] Jackson Co

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs Sabra Brown

[Address] Gainesboro

15 March 8 1924 Mrs M H Settle REGISTRAR

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 11 1924

[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 192 , to , 192 ,

that I last saw h alive on , 192

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows: 9

Pneumonia Catarrh

[Duration] yrs. mos. ds.

Contributory [SECONDARY] Leaky Heart

[Duration] yrs. mos. ds.

Signed M. D.

192 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 Mocks Chapel Cem

DATE OF BURIAL Feb 12 1924

20 UNDERTAKER Draper & Draper

ADDRESS Gainesboro