

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 9
OR
Village _____
OR
City _____ (No. _____, St.; War _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

379

Registration District No. 4-4-69
Primary Registration District No. _____

File No. 2
Registered No. 2

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

2 FULL NAME Miriam Allow Brown Mabery

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)
6 DATE OF BIRTH May 5, 1922
(Month) (Day) (Year)
7 AGE 1 yrs. 9 mos. 9 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)

Jackson County

PARENTS

10 NAME OF FATHER Robert Rosco Mabery

11 BIRTHPLACE OF FATHER [State or country] Jackson County

12 MAIDEN NAME OF MOTHER Bessie Fannie Brown

13 BIRTHPLACE OF MOTHER [State or country] Overton County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Robert Rosco Mabery
[Address] Cookville R 8

15

Filed April 1924 J. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 14, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw him alive on _____, 192____, and that death occurred, on the date stated above, at _____ M.
The CAUSE OF DEATH* was as follows:

No medical attendance
measles [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY]

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 Overton cemetery DATE OF BURIAL 13-14 Feb, 1924
20 UNDERTAKER Jackson ADDRESS _____