

STATE OF TENNESSEE

896

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. FirstOR
Village GaineshawOR
City _____Registration District No. 441Primary Registration District No. 24401File No. 6

Registered No. _____

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

2 FULL NAME

Mary Susan [unclear] Hoar

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 March 2 1848
(Month) (Day) (Year)7 AGE 76 yrs. mos. ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Gaineshaw Jackson Tenn10 NAME OF FATHER Landon Casette11 BIRTHPLACE OF FATHER (State or country) State of Ky12 MAIDEN NAME OF MOTHER Mancy Harrison13 BIRTHPLACE OF MOTHER (State or country) State of Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Miss Carl Hoar[Address] Gaineshaw15 Filed Apr 9 1924 Mar. M. H. Butler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH McK 27 1924
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from McK 25 1924 to McK 27 1924that I last saw her alive on McK 27 1924and that death occurred, on the date stated above, at 62The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____

Signed A. C. Guel M. D.Address Gaineshaw

*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 Family Grave Yard DATE OF BURIAL March 28 192420 UNDERTAKER Prater & Prater ADDRESS Gaineshaw

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.