

MARGIN RESERVED FOR BINDING - 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. H 4
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

409

CERTIFICATE OF DEATH

Registration District No. 44404 File No. _____
 Primary Registration District No. _____ Registered No. 6

(If death occurred in a hospital or institution, give its NAME and of street and number.)

2 FULL NAME Phema Menchey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write in plain terms) single
 6 DATE OF BIRTH Apr - 18, 1924
 (Month) (Day) (Year)
 7 AGE 6 If LESS than 1 day, ----- hrs. or ----- min.?
 ----- yrs. ----- mos. ----- ds.

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) Tenn

PARENTS
 10 NAME OF FATHER John's Menchey
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Ora Holaway
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) R. L. Horton
 (Address) Red Boiling Spgs Tenn

15 Filed Jun 9, 1924 Pat Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 24, 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from no physician, 191____, that I last saw him alive on Monday, 1924, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:
This was not a full term. never seemed to be normal
 (Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) _____ (Duration) ----- yrs. ----- mos. ----- ds.
 (Signed) Pat Clark M.D.
June 10, 1924 (Address) Haydenburg Tenn

*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 Red Boiling Spgs Tenn

19 PLACE OF BURIAL OR REMOVAL Shoulders Cemetery DATE OF BURIAL Apr 25, 1924

20 UNDERTAKER Brands & Co ADDRESS Haydenburg Tenn