

## STATE OF TENNESSEE

417

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 2  
 OR  
 Village Hainesboro  
 OR  
 City R 4 (No. , St.; 1 Ward)

Registration District No. 44402File No. 4Primary Registration District No. 2Registered No. 1

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

2 FULL NAME Mrs Micea Pistole

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 (Write the word)

6 DATE OF BIRTH Jan 26 1873  
 (Month) (Day) (Year)

7 AGE 51 yrs. 3 mos. 16 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) Jackson Co Tenn

10 NAME OF FATHER P C Hall

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Nancy Thompson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15 Filed May 16 1924 Along Mcawley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12 1924  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1 1924 to May 12 1924  
 that I last saw her alive on May 12 1924

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis & Asthma

[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] yrs. mos. ds.

Signed P. C. Reeves M. D.

May 16 1924 Address Hainesboro

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE state (1) MEANS OF INJURY; and, (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTION 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 Hall Cemetery DATE OF BURIAL May 14 1924

20 UNDERTAKER J W Drafer ADDRESS Hainesboro Tenn

MARGIN RESERVED FOR BINDING  
 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.