

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. No 2
 OR
 Village Haydenburg
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 6418

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 4402 File No. 5
 Primary Registration District No. 2 Registered No. 5

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

2 FULL NAME Marada Craighead

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>
6 DATE OF BIRTH <u>12 8 1852</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>71</u> yrs. mos. ds.		If LESS than 1 day, ____ hrs. or ____ min.?
8 OCCUPATION <small>(a) Trade, profession, or particular kind of work.</small> <u>Housewife</u> <small>(b) General nature of industry, business, or establishment in which employed (or employer)</small>		
9 BIRTHPLACE <small>(State or country)</small> <u>Jackson Co. Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>John Craighead</u>	
	11 BIRTHPLACE OF FATHER <small>[State or country]</small> <u>Jackson Co Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Miss Kemp</u>	
13 BIRTHPLACE OF MOTHER <small>[State or country]</small> <u>Smith County</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
May 16 1924
(Month) [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191__ to _____ 191__
 that I last saw h. alive on April 8 - 1924
 and that death occurred, on the date stated above, at 5 P.M.
 The CAUSE OF DEATH was as follows:
Endocarditis with peaking heart + Renal dropsy
 [Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] _____
 [Duration] ____ yrs. ____ mos. ____ ds.

Signed C. E. Reeves M. D.
May 25 1924 Haydenburg

* State the DISEASE CAUSING DEATH, or, if death from VIOLENT CAUSE, state the 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
 [Address] _____

15 Filed May 15 1924 Alouze McLawley REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Ray Cemetery DATE OF BURIAL May 17 1924
 UNDERTAKER J. Wilson ADDRESS Haydenburg