

WRITE PLAINLY. INK 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. First
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

428

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441
 Primary Registration District No. 4401

File No. 179

Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary Alamy Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 (Write the word)
 6 DATE OF BIRTH March 2 1924
 (Month) (Day) (Year)
 7 AGE one 3 12
 yrs. mos. ds. or min. ?
 IF LESS than 1 day, _____ hrs.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Lawyer
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Greene State first birth

10 NAME OF FATHER Everett Allen

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Martha J. Lett

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Miss Ora Smith
 [Address] Gainesboro

15 Filed June 23 1924 Miss M. H. Lett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15 1924
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 14 1924 to June 15 1924, that I last saw her live on June 15 1924 and that death occurred, on the date stated above, at 12:25
 The CAUSE OF DEATH* was as follows:

Disinfecting 16c
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds.
 Signed Chas. R. Palmer M. D.
July 8 1924 Address Gainesboro

* 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 Greene State DATE OF BURIAL June 16 1924
 20 UNDERTAKER Graper and Graper ADDRESS Gainesboro