

MARGIN RESERVED FOR BINDING USE. 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.

STATE OF TENNESSEE 435

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 12
OR
Village Mayfield
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44612
Primary Registration District No. 12

File No. 13
Registered No. 13
[If death occurred in hospital or institution, give its NAME, street and number.]

2 FULL NAME Alpha Johnson

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 July 28 1924
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION None
(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) Jackson Co Tenn

10 NAME OF FATHER Bob Johnson

11 BIRTHPLACE OF FATHER [State or country] Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Bittie W Jackson

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] M D Young
Bloomington Springs Tenn R 1
[Address]

15 Filed July 30 1924 Joe B Billingsley
gandhoro Tenn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 26 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 23 1924 to July 23 1924
that I last saw her alive on July 23 1924
and that death occurred, on the date stated above, at 9 P M
The CAUSE OF DEATH* was as follows:

Placental Birth
[Duration] _____ yrs. _____ mos. 3 ds.

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

Signed J Mae Wheeler M. D.
July 30 1924 Address Baxter 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 _____

19 PLACE OF BURIAL OR REMOVAL Julian cemetery DATE OF BURIAL July 26 1924

20 UNDERTAKER M V Johnson ADDRESS Gandhoro Tenn