

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)Registration District No. 44411

File No. _____

Primary Registration District No. 11Registered No. 8

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

2 FULL NAME Mrs Martha Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)6 DATE OF BIRTH 6 19 1843
(Month) (Day) (Year)7 AGE 81 yrs. 1 mo. 10 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) Tenn.10 NAME OF FATHER Abner Chaffin11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Elizabeth Young13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] H.H. Brown[Address] Gainesboro R415 Filed 8/10 1924 L.R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 29 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 7 1924 to 7/29 1924 that I last saw her alive on 7/29 1924 and that death occurred, on the date stated above, at 10 AMThe CAUSE OF DEATH* was as follows:
Chron. nephritis 129Contributory [SECONDARY] Broncho Pneum.
[Duration] 2 yrs. 2 mo. 2 ds.Signed L.R. Anderson M.D.
7/30 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. mo. ds. In the State yrs. mo. ds.
Where was disease contracted, if not at place of death?
Farm or usual residence19 PLACE OF BURIAL OR REMOVAL Brown Cem. DATE OF BURIAL 7/30 192420 UNDERTAKER H.H. Brown ADDRESS GainesboroDO NOT TEAR OUT
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.