

STATE OF TENNESSEE

449

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13OR
VillageOR
CityRegistration District No. 44413Primary Registration District No. 19

(No. , St.; Ward)

File No.

Registered No.

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

2 FULL NAME Louise Jamie McCain

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow6 DATE OF BIRTH June (Month) 24 (Day) 1835 (Year)7 AGE 89 yrs. 2 mos. 28 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. House wife (b) General nature of industry, business, or establishment in which employed (or employer) V9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Solomon Price11 BIRTHPLACE OF FATHER (State or country) Georgia12 MAIDEN NAME OF MOTHER Betsy Leach13 BIRTHPLACE OF MOTHER (State or country) Don't know14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. N. McCain(Address) Whitesville15 Filed Sept 10 1924 J. B. Quarles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 9 (Day) 1924 (Year)17 I HEREBY CERTIFY, That I attended deceased from June 7 - 1924 to July 20 - 1924, that I last saw her alive on July 20 - 1924, and that death occurred, on the date stated above, at 10 P. M.The CAUSE OF DEATH* was as follows:
Chronic Callos, Bed Sores and Old age
[Duration] yrs. mos.

Contributory [SECONDARY] [Duration] yrs. mos.

Signed J. B. Quarles M.Sept 10 1924 Address Whitesville

* 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, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 8 yrs. 2 mos. 28 ds. In this State 29 yrs. 2 mos. 28 ds.
Where was disease contracted, if not at place of death?
Former or usual residence.19 PLACE OF BURIAL OR REMOVAL Johnson Cemetery DATE OF BURIAL Sept 11 192420 UNDERTAKER None ADDRESS

MARGIN RESERVED FOR BINDING - THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.