

STATE OF TENNESSEE

459

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 8
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)Registration District No. 4420 File No. 10
Primary Registration District No. _____ Registered No. _____

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Anna Hamilton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE (Write the word)6 DATE OF BIRTH Sept 8, 1924
(Month) (Day) (Year)7 AGE Still Born If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(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) Tenn10 NAME OF FATHER A. Hamilton11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Ada Harris13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos. L. Caser
(Address) Jackson18 Filed Sept 24, 1924 W. T. Caser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 8, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Contributory _____
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. M. Hamilton M. D.

191____ (Address) _____

*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 _____ DATE OF BURIAL _____, 191____

20 UNDERTAKER _____ ADDRESS _____

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.