

MARGIN RESERVED FOR BINDING  
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.

1 PLACE OF DEATH  
County Jackson  
Civil Dist. #4  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

L 12  
477

CERTIFICATE OF DEATH

Registration District No. 44406  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 9

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

2 FULL NAME Jessie Carter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR SEPARATED Single  
(Write this word)

6 DATE OF BIRTH Apr 12, 1865  
(Month) (Day) (Year)

7 AGE 59 yrs. 7 mos. 10 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Billy Carter

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Sally Crowder

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. Carter

(Address) Red Boiling Springs

15 Filed Dec 12, 1924 Patt Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 22, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from act 30 1924, to Nov 21, 1923, that I last saw him alive on Nov 20, 1923, and that death occurred, on the date stated above at 2 P.M.

THE CAUSE OF DEATH\* was as follows: The Pneumonia 54

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Alkyon (SECONDARY)

(Duration) 2 yrs. 6 mos. \_\_\_\_ ds.

(Signed) J. D. Dewberry M. D.

Dec 11, 1924 (Address) Whitesville

\*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 Red Boiling Springs

19 PLACE OF BURIAL OR REMOVAL J. B. Braswell DATE OF BURIAL Nov 23, 1924

20 UNDERTAKER Sam Mill ADDRESS Whitesville