

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.

PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

481

County Jackson

Civil Dist. 13

OR  
Village

OR  
City

Registration District No. 44413

Primary Registration District No. 13

File No. 100

Registered No. 100

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

2 FULL NAME Mary Gaines

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 May 4 1856  
(Month) (Day) (Year)

7 AGE 68 8-24 If LESS than 1 day..... hrs. or..... min.?  
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER T. J. Lawson

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Suzan Myers

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Robert Sevier

[Address] Highway 100

15 Filed Nov 29 1924 J. D. Gaines  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 28 1924  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 18 1924 to Nov 26 1924, that I last saw him alive on Nov 26 1924

and that death occurred, on the date stated above, at 4:00 M

The CAUSE OF DEATH\* was as follows: Cancer of the Stomach 44

[Duration] yrs. mos. ds.

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

Signed J. D. Gaines M. D.  
Nov 29 1924 Address Whiskeyville

\* 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 68 yrs. 8 mos. 24 ds. In the State 68 yrs. 8 mos. 24 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Ray County DATE OF BURIAL 12-29 1924

20 UNDERTAKER None ADDRESS