

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.

STATE OF TENNESSEE 488

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Dickson

Civil Dist. 15

OR Village _____

OR City _____ (No. _____, St.; _____ Ward)

Registration District No. 44415

Primary Registration District No. _____

File No. 13

Registered No. _____

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

2 FULL NAME Maggie Lewis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH _____ 1 (Year) _____ (Month) _____ (Day)

7 AGE 51 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Home wife
(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) Tenn

10 NAME OF FATHER Garsh. Mars.

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Manda. Jean

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
[Address] _____

15 Filed dec 24 meritt m. carson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH dec 25 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from from Dec 191 to dec 25, 1924, that I last saw him alive on dec 25, 1924 and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:

cerebral apoplexy 74a
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed Charles Reeves M. D.
Address Maine St

* 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?
Farmer or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Mccain Cemetery DATE OF BURIAL dec 24

20 UNDERTAKER none ADDRESS _____