

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. No 1
or Village Near Gainesboro
or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

21803
491
File No. 21

Registration District No. 441
Primary Registration District No. 444A1

2 FULL NAME Jane Rector

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)
6 DATE OF BIRTH Don't know
~~_____~~ (Month) (Day) (Year)
7 AGE about 84 years 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) Jackson
Jackson County Tenn

PARENTS
10 NAME OF FATHER Thomas Smith
11 BIRTHPLACE OF FATHER (State or country) X X X V
12 MAIDEN NAME OF MOTHER X X X X X X X V
13 BIRTHPLACE OF MOTHER (State or country) X X X X X V

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. P. Anderson
(Address) Gainesboro Route # 4

15 Filed Jan 9 25 1924 M. M. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 31, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from seen her a few times 191, to 191, 191, that I last saw her alive on seen her, 191, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows: Cancer of the lower bowels

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Herry P. Lipton, M. D.
Dec 31, 1924 (Address) Gainesboro Tenn

*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 Post House cemetery DATE OF BURIAL Jan 1, 1924
20 UNDERTAKER _____ ADDRESS _____