

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

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. No. 1
OR
Village Gainesboro
OR
City _____ (Now _____ St.; _____ Ward)

Registration District No. 441
Primary Registration District No. 444a1

File No. 2
Registered No. _____

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

2 FULL NAME Mrs. Annie Meadows

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ♀ 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH Apr 3 1862
(Month) (Day) (Year)

7 AGE 45 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Tennessee
(State or country)

10 NAME OF FATHER Isaac G. Dudley

11 BIRTHPLACE OF FATHER Tennessee
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Stafford

13 BIRTHPLACE OF MOTHER Jackson Co. Tennessee
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mr. George Dudley
[Address] Gainesboro

15 Filed July 3, 1927 Mrs. M. H. Suttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 23rd 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 16 1927 to July 23, 1927, that I last saw her alive on July 23, 1927, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Influenza, Complicated by Broncho-Pneumonia
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed V. L. Gay M. D.
Address Gainesboro

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. State whether or not an operation was performed.

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 Dudney Graham DATE OF BURIAL Jan 24 1927

20 UNDERTAKER W. A. Baker ADDRESS Gainesboro