

DO NOT TEAR OUT

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be fully 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 6
OR Guinnsboro
Village _____
OR _____
City _____ (No. _____, St.; _____ Ward)

Registration District No. 44,406
Primary Registration District No. _____

File No. 1223

Registered No. _____

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

2 FULL NAME Maggie Coffey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Feb 12, 1887
(Month) (Day) (Year)

7 AGE 40 yrs. 0 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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)

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Babe Stafford

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Martha Reed

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Rob Coffey
[Address] Guinnsboro Tenn

15 Filed Feb 28, 1927 Miss T. H. Norton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 12 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1927 to Feb 12 1927 that I last saw her alive on Feb 10 1927 and that death occurred, on the date stated above, at 2:20 M

The CAUSE OF DEATH* was as follows:
encephalitic meningitis 23
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed C. E. Reams M. D.
Feb 28, 1927 Address Guinnsboro 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 Scott Cemetery DATE OF BURIAL Feb 13, 1927
20 UNDERTAKER Marion Harris ADDRESS _____