

1 PLACE OF DEATH

County JacksonCivil Dist. No. 8

Village _____

City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4448

Primary Registration District No. _____

File No. 3200

Registered No. _____

2 FULL NAME Mary Davis

St.; _____ Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ♀ 4 COLOR OR RACE M 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH X (Month) _____ (Day) _____ 1 (Year) _____7 AGE 35 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. House-wif
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Wash Bechtel11 BIRTHPLACE OF FATHER [State or country] Tennessee12 MAIDEN NAME OF MOTHER Abbie Coan13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Grady P. Smith
[Address] Garretts15 Filed Feb 14 1927 no. 4 in Case

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 13 1927
(Month) _____ (Day) _____ (Year) _____17 I HEREBY CERTIFY, That I attended deceased from Dec 1st 1927 to Feb 13 1927, that I last saw her alive on Feb 13 1927 and that death occurred, on the date stated above, at 6 P. M.The CAUSE OF DEATH* was as follows:
Carcinoma of uterus with general metastases in the bones
[Duration] 1 yrs. mos. ds.Contributory [SECONDARY] _____
[Duration] _____ yrs. mos. ds.Signed V. C. Law M. D.
Feb 23 1927 Address V. C. Law

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 _____ DATE OF BURIAL _____

20 UNDERTAKER Roy Corning Feb 14 1927
no ADDRESS _____

DO NOT TEAR PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Item of information should be carefully supplied. AGE should be stated EXACTLY. PHOTOCAMERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact assignment of OCCUPATION is very important. See instructions on back of certificate.