

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. 13
 OR
 Village _____
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

3259

CERTIFICATE OF DEATH

Registration District No. 44413 File No. 116
 Primary Registration District No. 13 Registered No. 116

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

2 FULL NAME Bird Carnahan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Mar. 9, 1877
(Month) (Day) (Year)

7 AGE 49 yrs. 10 mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Housekeeping
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Engel Carnahan

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sarah Brothington

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Sarah Carnahan
 [Address] Whitleyville

15 Filed Jan. 31, 1927 J. D. Duels, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Jan. 30, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1926 to Nov. 27, 1926, that I last saw her alive on Nov. 27, 1926 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Nervous following abdominal section and palsy
(Duration) _____ yrs. _____ mos. _____ ds.

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

Signed J. D. Duels M. D.
Jan. 31, 1927 Address Whitleyville, Tenn.

* State the DISEASE CAUSING DEATH, or, in death 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 49 yrs. 10 mos. 23 ds. In the State 49 yrs. 10 mos. 23 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence Whitleyville

19 PLACE OF BURIAL OR REMOVAL Bilby Cemetery DATE OF BURIAL Jan. 31, 1927

20 UNDERTAKER None ADDRESS Whitleyville