

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 | | STATE OF TENNESSEE | |
| County <u>Jackson</u> | | STATE BOARD OF HEALTH | |
| Civil Dist. <u>No 1.</u> | | Bureau of Vital Statistics | |
| OR | | CERTIFICATE OF DEATH | |
| Village <u>Cornish</u> | | Registration District No. <u>441</u> | File No. <u>7352</u> |
| OR | | Primary Registration District No. <u>441</u> | Registered No. <u>7</u> |
| City <u>(No. St.; Ward)</u> | | [If death occurred in a hospital or institution, give its NAME instead of street and number.] | |
| 2 FULL NAME <u>Mrs. Eliza Johnson</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3 SEX <u>♀</u> | 4 COLOR OR RACE <u>Wh</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word) | |
| 6 DATE OF BIRTH <u>Dec 10 1859</u> (Month) (Day) (Year) | | | |
| 7 AGE <u>70</u> yrs. mos. ds. | | If LESS than 1 day, hrs. or min.? | |
| 8 OCCUPATION <u>House-wif</u> | | | |
| 9 BIRTHPLACE <u>Jackson Co Tenn</u> (State or country) | | | |
| PARENTS | 10 NAME OF FATHER <u>Eliza Purvis</u> | | |
| | 11 BIRTHPLACE OF FATHER <u>Tenn</u> [State or country] | | |
| | 12 MAIDEN NAME OF MOTHER <u>Don't know</u> | | |
| 13 BIRTHPLACE OF MOTHER <u>Tennessee</u> [State or country] | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | |
| [Informant] _____ | | | |
| [Address] _____ | | | |
| 15 | | 16 MEDICAL CERTIFICATE OF DEATH | |
| 16 DATE OF DEATH <u>Apr 26 1927</u> [Month] [Day] [Year] | | 17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 17 1927</u> to <u>Apr 26 1927</u> , that I last saw her alive on <u>Apr 26 1927</u> and that death occurred, on the date stated above, at <u>40</u> M | |
| The CAUSE OF DEATH was as follows: <u>Chronic Interstitial Nephritis and Uremia. 129</u> | | | |
| [Duration] <u>5</u> yrs. mos. ds. | | | |
| Contributory [SECONDARY] _____ | | | |
| Signed <u>R. C. Gault</u> M. D. <u>4/26 1927</u> Address <u>Grimsboro Tenn</u> | | | |
| 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 <u>Family Burial yard</u> | | DATE OF BURIAL <u>Apr 27 1927</u> | |
| 20 UNDERTAKER <u>Drafts and Pope</u> | | ADDRESS <u>Admission</u> | |
| Filed <u>May 1 1927 Mrs M H Little</u> REGISTRAR | | | |