STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

7354

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. 6th

OR Village

OR City (No. , St.; Ward)

Registration District No. 44406

Primary Registration District No.

File No. 4

Registered No.

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

2 FULL NAME Rosie Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April (Month) 15 (Day) 1927 (Year)

7 AGE: yrs. mos. ds. If LESS than 1 day, 2 hrs. or min.?

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

9 BIRTHPLACE (State or country): Jackson Co

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER [State or country]: X

12 MAIDEN NAME OF MOTHER: Annie May Brown

13 BIRTHPLACE OF MOTHER [State or country]: Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Eliza Stafford

[Address] Gainesboro Tenn

15

Filed May 2, 1927 T. H. Norton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 15 (Day), 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 192..., to ....., 192...,
that I last saw h... alive on ....., 192...
and that death occurred, on the date stated above, at ..... M
The CAUSE OF DEATH* was as follows: 205b

..... [Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY] .....

..... [Duration] ..... yrs. ..... mos. ..... ds.

Signed ..... M. D.

....., 192... Address .....

* 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: Scott Cemetery — DATE OF BURIAL: April 15, 1927

20 UNDERTAKER — ADDRESS