STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

7956

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. 11

OR

Village

OR

City (No. , St.; Ward)

Registration District No. 474 11

Primary Registration District No. 11

File No.

Registered No. 4

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

2 FULL NAME Isabell McCay Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

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

6 DATE OF BIRTH: 1 (Month) 4 (Day) 1835 (Year)

7 AGE: 92 yrs. 3 mos. 13 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Coffee Co. Tenn.

PARENTS

10 NAME OF FATHER: Hiram McCay

11 BIRTHPLACE OF FATHER [State or country]: Tenn.

12 MAIDEN NAME OF MOTHER: Margaret McDaniel

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Jno. L. Brown
[Address] Granville R.1.

15
Filed 5/10 1927 L L Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 4 [Month] 17 [Day] 1927 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 4/10 1927 to 4/17 1927, that I last saw her alive on 4/17 1927 and that death occurred, on the date stated above, at 3:30 PM

The CAUSE OF DEATH* was as follows:

1 Facial Erysipelas

[Duration] yrs. mos. 8 ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed L. K. Anderson M. D.

4/18 1927 Address Jamestown

*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: Tuscumbia Tenn.

DATE OF BURIAL: 4/18 1927

20 UNDERTAKER: Draper & Draper

ADDRESS: Jamestown