

MARGIN RESERVED FOR BINDING. 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. No. 7  
 or Village \_\_\_\_\_  
 or City \_\_\_\_\_  
 Registration District No. 44402  
 Primary Registration District No. 2  
 No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward \_\_\_\_\_  
 2 FULL NAME Mrs. Pizzie Henson  
 File No. 18  
 Registered No. 18  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

12953

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ♀  
 4 COLOR OR RACE Wh  
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED old made  
 6 DATE OF BIRTH May 27, 1857  
 7 AGE 70 yrs. 0 mos. 0 ds.  
 8 OCCUPATION House Work  
 9 BIRTHPLACE Tenn

PARENTS  
 10 NAME OF FATHER Sam Henson  
 11 BIRTHPLACE OF FATHER Tenn  
 12 MAIDEN NAME OF MOTHER Boabeba Hanna  
 13 BIRTHPLACE OF MOTHER Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) \_\_\_\_\_  
 (Address) \_\_\_\_\_

15  
 Filed June 1, 1927  
A. McCarry  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 28, 1927  
 I HEREBY CERTIFY, That I attended deceased from May 20, 1927, to May 28, 1927  
 that I last saw h.e.x. alive on May 28, 1927  
 and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
 (Duration) 10 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Signed) R. C. Gay M. D.  
Spencer  
 1927 (Address) \_\_\_\_\_

\*State the DISEASE CAUSING DEATH, or, in deaths 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 \_\_\_\_\_ 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 Richmond Cemetery  
 DATE OF BURIAL June 29, 1927  
 20 UNDERTAKER W. W. Matthews  
 ADDRESS Thydeburg