

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

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

12358

Registration District No. 444 11  
 Primary Registration District No. 11

File No. 4  
 Registered No. 4

2 FULL NAME Isabelle (M<sup>rs</sup> Coy) Brown (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

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 1 4 1895  
 (Month) (Day) (Year)  
 7 AGE 92 yrs. 3 mos. 3 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) Tenn.

PARENTS

10 NAME OF FATHER Isaac M<sup>rs</sup> Coy  
 11 BIRTHPLACE OF FATHER (State or country) Coffee Co. Tenn.  
 12 MAIDEN NAME OF MOTHER Jessie  
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Geo. L. Brown  
 [Address] Granville R. 11

15 Filed 5710 1927 L. R. Anderson  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 17 1927  
 (Month) (Day) (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:  
Facetal Erysipelas 21

Contributory [SECONDARY] \_\_\_\_\_ [Duration] yrs. mos. ds. 8 ds.  
 Signed L. R. Anderson M. D.  
4/18 1927 Address Gainborough

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 Gainborough DATE OF BURIAL 4/18 1927  
 20 UNDERTAKER Proper & Proffitt Gainborough ADDRESS \_\_\_\_\_

24