

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 6  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH 15455  
 Registration District No. 44466 File No. 8  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mina Reed

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>♀</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word)	16 DATE OF DEATH <u>July 3, 1927</u> (Month) [Day] [Year]	
6 DATE OF BIRTH <u>June 16, 1880</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>June 1927</u> to <u>July 2, 1927</u> , that I last saw her alive on <u>July 2, 1927</u> and that death occurred, on the date stated above, at <u>8 A M</u> The CAUSE OF DEATH* was as follows: <u>46</u> <u>Carcinoma of the uterus</u>	
7 AGE <u>45</u> yrs. <u>17</u> ds. or min.?			If LESS than 1 day, hrs. or min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Home work</u> (b) General nature of industry, business, or establishment in which employed (or employer).			[Duration] yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Overton Co</u>			Contributory [SECONDARY] [Duration] yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Alford Bennett</u>	Signed <u>A C Grew</u> M. D. <u>July 8, 1927</u> Address <u>Guinethow</u>		
	11 BIRTHPLACE OF FATHER [State or country] <u>Overton Co</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.		
	12 MAIDEN NAME OF MOTHER <u>Nellie Gulley</u>	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.		
13 BIRTHPLACE OF MOTHER [State or country] <u>Overton Co</u>			19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL <u>Lynn's Cemetery July 4, 1927</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Janes Reed</u> [Address] <u>Guinethow</u>			20 UNDERTAKER ADDRESS <u>Benton Hawland Guinethow</u>	
15 Filed <u>July 8, 1927</u> <u>West H. Norton</u> REGISTRAR				