

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

5287

File No. 5

Registered No.

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

## 1 PLACE OF DEATH

County

Jackson Co

Civil Dist.

OR  
Village

Gainesboro

OR  
City

Registration District No.

441

Primary Registration District No.

44601

(No.

St.:

Ward)

## 2 FULL NAME

Mary Jane Hamlet

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

## 6 DATE OF BIRTH

12 (Month) 13 (Day) 1 (Year)

## 7 AGE

1 yrs. 13 ds. If LESS than 1 day, hrs. or min.?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

## 9 BIRTHPLACE

(State or country)

Tennessee

## 10 NAME OF FATHER

Arthur Hamlet

## 11 BIRTHPLACE OF FATHER

[State or country]

Tennessee

## 12 MAIDEN NAME OF MOTHER

Lizzie Allen

## 13 BIRTHPLACE OF MOTHER

[State or country]

Tennessee

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

## 15

Filed Mar 9, 1929

Mrs M A Little REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Feb 22, 1929  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 22, 1929 that I last saw her alive on Feb 21, 1929 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH\* was as follows:

Sept 7 Pneumonia  
Lobar Pneumonia

[Duration] yrs. 11 mos. 21 ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed Dr. N. M. McCain, M. D.

19 Address Gainesboro

\* 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

Pharris Cemetery

## DATE OF BURIAL

Feb 23, 1929

## 20 UNDERTAKER

none

## ADDRESS

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.