STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH **13109**

1 PLACE OF DEATH
County Jackson
Civil Dist. No. 13
or
Village
or
City (No. St.; Ward)

Registration District No. 4415
Primary Registration District No.
File No. 10
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Beulah Bybee

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 4 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn

PARENTS
10 NAME OF FATHER Barlow Bybee
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Mary Flynn
13 BIRTHPLACE OF MOTHER (State or country) Tenn

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

15
Filed 3/17 1929 Mrs. W. M. Carr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mch (Month) 7 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 7 1929, to Mch 22, 1929, that I last saw her alive on Mch 22, 1929, and that death occurred, on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Cerebro-Spinal Meningitis 11b
(Duration) yrs. mos. 9 ds.
Contributory (SECONDARY) Influenza 9
(Duration) yrs. mos. ds.
Signed R. C. Gaw M.D.
1929 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 wether 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 — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

Form V. S. No. 4—40M.
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.*