

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 Dis. No 1
 or
 Village _____
 or
 City Gainesboro Tenn (No. _____, St.: _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

22374

File No. 18

Reg. No. _____

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

2 FULL NAME Dora Lee Butler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE white 5 Single, Married, Widowed, or divorced (Write the word)
 6 DATE OF BIRTH 10 3 1878
 (Month) (Day) (Year)
 7 AGE 51 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade profession or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Gainesboro Tenn

10 NAME OF FATHER Jak M. Young

11 BIRTHPLACE OF FATHER (State or country) Gainesboro Tenn

12 MAIDEN NAME OF MOTHER Mollie Beaton

13 BIRTHPLACE OF MOTHER (State or country) Crestview Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed Oct 8 1929 W H Seltz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 16 1929
 (Month) (Day) (Year)

17 " I HEREBY CERTIFY, That I attend deceased from July 25 1929, to Sept 16 1929, that I last saw her alive on Sept 16 1929, and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:

Dilated Heart 139

(Duration) 20 yrs. _____ mos. _____ ds.

Contributory (Secondary) Thyroid return

(Duration) _____ yrs. _____ mos. _____ ds.

Signed C. E. Reese M. D.
Sept 24 1929, address Gainesboro Tenn

*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 DATE OF BURIAL

Gainesboro cemetery Sept 17 1929

20 UNDERTAKER ADDRESS
W. H. Seltz Gainesboro