

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

22376

County Jackson

Civil Dist. 9

Village

City

Registration District No. 442

Primary Registration District No.

(No. , St.; Ward)

File No. 84

Registered No. 84

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

2 FULL NAME Brena maud Hendley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 18 1829
(Month) (Day) (Year)

7 AGE 8 yrs. 8 mos. 6 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

10 NAME OF FATHER Quitman Hendley

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Margie Ballard

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] my body

[Address] She died in my home

15 Filed 192 A. M. Ballard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 25 1928
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192, that I last saw h... alive on 192,

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:
Abscess of the head
no medical aid

[Duration] yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed M. D.

192 Address

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Chaffin Cemetery Sept 26 1928

20 UNDERTAKER ADDRESS friends