

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. 4th  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

29717

Registration District No. 44404

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 7

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

2 FULL NAME

Mary Elizabeth Hix

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 (Write the word)

6 DATE OF BIRTH Dec. 16, 1848  
 (Month) (Day) (Year)

7 AGE 80 yrs. 11 mos. 18 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE Tennessee  
 (State or country)

10 NAME OF FATHER Jacob H. Jenkins

11 BIRTHPLACE OF FATHER Tennessee  
 [State or country]

12 MAIDEN NAME OF MOTHER Martha Richardson

13 BIRTHPLACE OF MOTHER Tennessee  
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] W. H. Hix

[Address] Haydenburg, Tenn

15 Filed 1-4-30 Patt Clark  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 4th, 1929  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1928 to July 6, 1929, that I last saw her alive on July 6, 1929 and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH\* was as follows: 84  
Intes. Cervical Tumors  
Looks like Carcinoma  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Signed J. D. Dunlop M. D.  
John 1920 Address Whitley Ave

\* 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 Haydenburg, Tenn

19 PLACE OF BURIAL OR REMOVAL near W. H. West DATE OF BURIAL Nov. 5th, 1929

20 UNDERTAKER Neighbors at Haydenburg, Tenn ADDRESS \_\_\_\_\_