

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			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. _____			Bureau of Vital Statistics		
OR			29720		
Village _____			CERTIFICATE OF DEATH		
OR			Registration District No. _____		
City _____ (No. _____ St.; _____ Ward)			File No. _____		
2 FULL NAME <u>Mrs. Sue Daniel Burton</u>			Registered No. _____		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>	16 DATE OF DEATH <u>Dec. 14 1929</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Aug 19 1864</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>1926</u> 192 to <u>1929</u> that I last saw him alive on <u>Dec 7 1929</u> and that death occurred, on the date stated above, at <u>11 A M</u> The CAUSE OF DEATH* was as follows: <u>Pellagra 54</u>		
7 AGE <u>65</u> yrs. <u>4</u> mos. <u>25</u> ds.			[Duration] yrs. mos. ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>House wife</u>			Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.		
9 BIRTHPLACE (State or country) <u>Smith County</u>			Signed <u>L. M. Freeman</u> M. D. 192 Address <u>Granville Tenn</u>		
PARENTS	10 NAME OF FATHER <u>Geo. Austin</u>		* 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.		
	11 BIRTHPLACE OF FATHER [State or country] <u>Smith Co.</u>		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 _____		
	12 MAIDEN NAME OF MOTHER <u>Vina Womack</u>		19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL <u>12-14 1929</u>		
13 BIRTHPLACE OF MOTHER [State or country] <u>Smith Co.</u>			20 UNDERTAKER <u>J. M. Watts & Co.</u> ADDRESS <u>Granville Tenn</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] _____					
[Address] _____					
15 Filed <u>Dec 26 1929</u> <u>H. S. Holliman</u> REGISTRAR					