

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Jackson</u>				
Civil Dist. _____ Registration District No. _____ File No. <u>29726</u>				
Village _____ OR _____ Primary Registration District No. _____ Registered No. _____				
City _____ (No. _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]				
2 FULL NAME <u>Dory Coggins</u>				
3 SEX <u>Female</u>			4 COLOR OR RACE <u>colored</u>	
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>			16 DATE OF DEATH <u>Aug 6 1929</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>Dec 15 1923</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192	
7 AGE <u>5</u> yrs. <u>7</u> mos. <u>21</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			that I last saw him alive on _____ 192	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			and that death occurred, on the date stated above, at _____ M	
9 BIRTHPLACE (State or country) <u>Smith County</u>			The CAUSE OF DEATH* was as follows: <u>2056</u> <u>No Matter;</u>	
10 NAME OF FATHER <u>Hugh Coggins</u>			[Duration] _____ yrs. _____ mos. _____ ds.	
11 BIRTHPLACE OF FATHER [State or country] <u>Smith Co.</u>			Contributory [SECONDARY] _____	
12 MAIDEN NAME OF MOTHER <u>Velmer Winfrey</u>			[Duration] _____ yrs. _____ mos. _____ ds.	
13 BIRTHPLACE OF MOTHER [State or country] <u>Smith Co.</u>			Signed _____ M. D.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			_____ 192 Address _____	
[Informant] _____			* 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.	
[Address] _____			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]	
15 <u>Dec 26 1929 H. S. Holloman</u> REGISTRAR			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 <u>Aug. 6 1929</u>	
			20 UNDERTAKER <u>J. M. Watts &amp; Co</u> ADDRESS <u>Framville Tenn</u>	