

MARGIN RESERVED FOR BINDING

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 Putnam  
 Civil Dist. 13  
 OR  
 Village  
 OR  
 City Silver Point (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47213  
 Primary Registration District No. \_\_\_\_\_

File No. 81  
4  
 Registered No. \_\_\_\_\_

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

2 FULL NAME Mary E Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 (Write the word)  
 6 DATE OF BIRTH July 25 1850  
 (Month) (Day) (Year)  
 7 AGE 72 yrs. 1 mos. 1 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Flour Keeping  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Tennison DeKalb Co

10 NAME OF FATHER

Jefferson D DeW

11 BIRTHPLACE OF FATHER (State or country)

Tennison

12 MAIDEN NAME OF MOTHER

Mathie Burton

13 BIRTHPLACE OF MOTHER (State or country)

Tennison

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W B Jones  
 [Address] Silver Point

15

Filed Mar 27 1922 C. E. Hall  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 26 1922  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from Mar 12 1922 to Mar 26 1922  
 that I last saw her alive on Mar 26 1922  
 and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH\* was as follows:

myocarditis 90

[Duration] yrs. mos. 15 ds.

Contributory (SECONDARY)

bullet wounds

[Duration] yrs. mos. ds.

Signed L. S. Love M. D.

Mar 26 1922 Address Silver Point

\* 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

B. L. Jones Cem Mar 27 1922

20 UNDERTAKER

ADDRESS

W. E. Jones Buffalo, Tenn