

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. 17  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

**STATE OF TENNESSEE**

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

**CERTIFICATE OF DEATH**

Registration District No. 472.17  
 Primary Registration District No. 17

File No. 115  
 Registered No. 4

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

**2 FULL NAME** Jora Maynard

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female | **4 COLOR OR RACE** White | **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)** Married  
**6 DATE OF BIRTH** Sept 27, 1888  
 (Month) (Day) (Year)

**7 AGE** 32 yrs. 8 mos. 13 ds. | If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work: House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer): \_\_\_\_\_

**9 BIRTHPLACE (State or country)** Tenn

**10 NAME OF FATHER** James Brown

**11 BIRTHPLACE OF FATHER (State or country)** Tenn

**12 MAIDEN NAME OF MOTHER** Ada Sutton

**13 BIRTHPLACE OF MOTHER (State or country)** Tenn

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) J. J. Maynard  
 (Address) Bona Tenn

**15** Filed June 16, 1922 Mizzell Duff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** June 15, 1922  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows: Relapsa 54

No Doctor in attendance  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory (SECONDARY)** \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
 \_\_\_\_\_, 191\_\_\_\_ (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** Smithage Co | **DATE OF BURIAL** June 19, 1922

**20 UNDERTAKER** M. Duff | **ADDRESS** \_\_\_\_\_