

## 1 PLACE OF DEATH

County PetroleumCivil Dist. 20OR  
Village BaxterOR  
City (No. , St.; Ward)

## 2 FULL NAME

Rebecca Jones

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

7317

## CERTIFICATE OF DEATH

Registration District No. 47290File No. 13

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

Registered No. \_\_\_\_\_

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

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Female

## 4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)widowed

## 6 DATE OF BIRTH

June 12, 1846  
(Month) (Day) (Year)

## 7 AGE

49 yrs. 9 mos. 11 ds.If LESS than  
1 day, hrs. or min.?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)Tenn

## 10 NAME OF FATHER

Joshua Bartlett11 BIRTHPLACE OF FATHER  
(State or country)Tenn

## 12 MAIDEN NAME OF MOTHER

Annie Anderson13 BIRTHPLACE OF MOTHER  
(State or country)Tenn

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

Henry Jones

[Address]

Buffalo Valley Tenn

## 15

Filed 4/9, 1926A. R. Judd

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Mar. 23, 1926  
[Month] [Day] [Year]

## 17 I HEREBY CERTIFY, That I attended deceased from

Mar 15, 1926, to Mar 23, 1926that I last saw her alive on Mar. 23, 1926  
and that death occurred, on the date stated above, 4:30 P. M

## The CAUSE OF DEATH\* was as follows:

Influenzal Pneumonia[Duration] yrs. mos. 8 ds.Contributory  
[SECONDARY]

[Duration] yrs. mos. ds.

Signed

Samie Denton, M. D.192 Address Buffalo Valley Tenn

\* 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. State In the 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

## 20 UNDERTAKER

## ADDRESS

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.

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.