

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>Pulnam</u>		STATE BOARD OF HEALTH	
Civil Dist. <u>17</u>		Bureau of Vital Statistics	
OR Village		CERTIFICATE OF DEATH	
OR City <u>Montgomery</u>		Registration District No. <u>47217</u>	13536
		Primary Registration District No. <u>14</u>	File No. _____
2 FULL NAME <u>Mary Jane Henry</u>		St.; _____	Registered No. <u>21</u>
		Ward _____	[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 <u>Widowed</u> (Write the word)	16 DATE OF DEATH <u>May 14</u> , 192 <u>9</u> [Month] [Day] [Year]
6 DATE OF BIRTH <u>Feb. 1</u> , 18 <u>69</u> [Month] [Day] [Year]			17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 1st</u> , 192 <u>9</u> , to <u>May 14</u> , 192 <u>9</u> , that I last saw her alive on <u>May 14</u> , 192 <u>9</u> , and that death occurred, on the date stated above, at <u>12:45</u> P. M.
7 AGE <u>60</u> yrs. <u>3</u> mos. <u>13</u> ds.	If LESS than 1 day..... hrs. or..... min.?		The CAUSE OF DEATH* was as follows: <u>Malignancy (Cancer Cervix)</u>
8 OCCUPATION <u>Bookkeeper</u>	[Duration]..... yrs. <u>24</u> mos. ds.		
9 BIRTHPLACE (State or country) <u>Tenn</u>	Contributory [SECONDARY] _____		
10 NAME OF FATHER <u>George Henry</u>			[Duration]..... yrs. mos. ds.
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>			Signed <u>A. H. Woyens</u> M. D.
12 MAIDEN NAME OF MOTHER <u>Rachel Williams</u>			<u>5-14</u> , 192 <u>9</u> Address <u>Montgomery</u>
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</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.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
[Informant] <u>Robert Henry</u>	[Address] <u>Montgomery, Tenn</u>		At place of death <u>1</u> yrs. mos. ds. In the <u>59</u> yrs. mos. ds.
15 Filed <u>May 24</u> , 192 <u>9</u> <u>Mrs. A. C. Killeffer</u> REGISTRAR	19 PLACE OF BURIAL OR REMOVAL <u>Sand Sky Tenn</u>		Where was disease contracted, if not at place of death? Former or usual residence <u>504 1/2 Pulnam County</u>
	20 UNDERTAKER <u>Dr. J. J. ...</u>		DATE OF BURIAL <u>May 16</u> , 192 <u>9</u>
			ADDRESS _____