

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

6911

PLACE OF DEATH

County WhiteCivil Dist. 5OR
Village WallingOR
City Walling (No. _____ St.; _____ Ward)Registration District No. 943

Primary Registration District No. _____

File No. 12Registered No. 12

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

2 FULL NAME Maggie Jane Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(Write the word)6 DATE OF BIRTH June 26 1870
(Month) (Day) (Year)7 AGE 56 - 8 - 5 If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work. House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Simpson Holder11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Mary Underwood13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] M. F. Johnson[Address] Walling Tenn

15

Filed Mar 14 1927 Mrs J. B. Sparrinman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 1 1927
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to July 15 1927, that I last saw her alive on July 15 1927, and that death occurred, on the date stated above, at 44, M

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY]

[Duration] _____ yrs. _____ mos. _____ ds.

Signed E. J. Mooringham M. D.311 1927 Address Road Island

*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

Spring Hill 3/3 1927

20 UNDERTAKER ADDRESS

C. D. Bossard Quilbeck

DO NOT TEAR OUT WRIT PLAINLY, WITH UNFAILING 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.