

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 White

Civil Dist. 13

Village Ravenscraft

City

Registration District No. 945

Primary Registration District No. 13

(No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

21367

CERTIFICATE OF DEATH

File No. 23

Registered No. 23

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

2 FULL NAME Mary Jane Hembree

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 March 9 1855
(Month) (Day) (Year)

7 AGE 72 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House Work on Farm
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER John Hembree

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Mary Speck

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Claud Hembree

[Address] Ravenscraft, Tenn

15 Filed 1927 Mary L Camera REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 1 1927 to Sept 15 1927, that I last saw her alive on Sept 14 1927 and that death occurred, on the date stated above, at 5:30 PM

The CAUSE OF DEATH was as follows:
Pangitic stroke 74 d & old age

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed Vernon S. Sutton M. D. Sept 16 1927 Address Ravenscraft 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. 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 Pisgah Cemetery DATE OF BURIAL 9/16 1927

20 UNDERTAKER H. B. Hunter ADDRESS Wata