

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 *over looked* STATE OF TENNESSEE

County *Putnam*

Civil Dist. *10*

Village *Baxter R # 1*

City _____

Registration District No. *724*

Primary Registration District No. *724*

File No. _____

Registered No. *6*

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

2 FULL NAME *Mary Jane Simpson*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 MARRIAGE, SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *8* (Month) *8* (Day) *1915* (Year)

7 AGE *22* yrs. *0* mos. *8* ds. If LESS than 1 day, ... hrs. or ... min. P

8 OCCUPATION (a) Trade, profession, or particular kind of work. *f* (b) General nature of industry, business, or establishment in which employed (as employer) *f*

9 BIRTHPLACE (State or country) *Kan*

10 NAME OF FATHER *Jim Simpson*

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

12 MAIDEN NAME OF MOTHER *Per Bryant*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. C. Bryant* (Address) *Baxter R # 1*

15 Filed *8/17, 1916* *J. K. Platt*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *8* (Month) *10* (Day) *1916* (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw him alive on _____ 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:
Shot by her little brother by accident

Contributory (In constant) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ (Duration) _____ yrs. _____ mos. _____ ds.

_____ 191____ (Address) _____ M. C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) WHETHER ACCIDENTAL, HOMICIDAL, OR SUICIDAL.

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 *Bryant cem* DATE OF BURIAL *8/17, 1916*

20 UNDERTAKER *J. C. Bryant* ADDRESS *Baxter R # 1*