

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

16623

County JacksonCivil Dist. First

Village

City Sainsboro (No. _____) St. _____ Ward _____Registration District No. 4444File No. 17Primary Registration District No. 4444

Registered No. _____

2 FULL NAME Martha Hail

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE Widow
SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH July 10 1928
(Month) (Day) (Year)7 AGE Over 90 (90) years old IF LESS than 1 day, hrs. or min.?8 OCCUPATION House Wife
(1) Trade, profession, particular kind of work.
(2) General nature of business, branch, or occupation in which engaged (or custom).9 BIRTHPLACE (State or country) Jackson County10 NAME OF FATHER Sol. Allen11 BIRTHPLACE OF FATHER (State or country) don't know12 MAIDEN NAME OF MOTHER don't know13 BIRTHPLACE OF MOTHER (State or country) don't know14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D.P. Anderson
(Address) Sainsboro, Road 415 Miss Aug 7 1928 Mrs. M.H. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: July 10 1928
(Day) (Year)17 I HEREBY CERTIFY that I attended deceased from on July 4 1928 to _____ 19____18 I last saw her alive on July 4 1928 and that death occurred on the date stated above at 5:15 P.M.The CAUSE OF DEATH* was as follows:
Old age and Sporadic Flux

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

Contributory (Discussant) _____
(Duration) _____ yrs. _____ mos. _____ ds.Signed: B. E. Reeves M. D.
July 11 1928 Sainsboro, Tenn.

*For the purpose of certifying death, as in deaths from violent causes, state the kind of injury and the whether accidental, suicidal, or homicidal. State whether or not an operation was performed.

19 LENGTH OF RESIDENCE (For hospital, institution, transient, or recent residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
When was foreign contract? _____
If not at place of death? _____
Former or usual residence? _____20 PLACE OF BURIAL OR REMOVAL Home DATE OF BURIAL July 10 192820 UNDERTAKER Smith ADDRESS _____

WRITES 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.