

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.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

X208

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 14 Registration District No. 4444 File No. _____
 or Village _____ Primary Registration District No. _____ Registered No. 3
 or City _____ (No. _____, St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Maec Kitcher

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH January 6, 1917
(Month) (Day) (Year)

7 AGE 5 yrs. 6 mos. 7 ds. If LESS than 1 day, ----- hrs. or ----- min.?

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

9 BIRTHPLACE (State or country) Jackson Co.

PARENTS

10 NAME OF FATHER Henry Kitcher

11 BIRTHPLACE OF FATHER (State or country) Boydad Tenn.

12 MAIDEN NAME OF MOTHER Clora Bryan

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Henry
 (Address) Boydad

15 Filed July 13, 1917 C. E. Carter
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1917, to July 12, 1917, that I last saw her alive on July 12, 1917, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:
Ulcerated Stomach

Contributory Bad teeth and
(SECONDARY) loose teeth
(Duration) ----- yrs. ----- mos. ----- ds.
 (Signed) F. O. Cornwell M. D.
July 14, 1917 (Address) Boydad Tenn.

18 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 Shoulders Ky. DATE OF BURIAL July 14, 1917

20 UNDERTAKER Lora Kite ADDRESS Willetts Tenn.