

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 Jackson
Civil Dist. 5th
or Village Granville
of City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44403 File No. 14
Primary Registration District No. 5 Registered No. _____

2 FULL NAME Mallie Mai Finn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
6 DATE OF BIRTH <u>Jan 30</u> , 19 <u>11</u> (Month) (Day) (Year)		
7 AGE <u>6</u> yrs. <u>8</u> mos. <u>11</u> 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) <u>Jackson</u>		
PARENTS	10 NAME OF FATHER <u>Wilburn Finn</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>	
	12 MAIDEN NAME OF MOTHER <u>Maggie Philpot</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11 - 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 10 - 1917, to Oct 11, 1917, that I last saw her alive on Oct 11, 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Cerebro-spinal meningitis

Contributory _____ (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. B. Page, M. D.
(Address) Granville, 1917

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. B. Page M.D.
(Address) Granville, Tenn.

15 Filed Dec 10, 1917 W. R. Watts
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Near Granville DATE OF BURIAL Oct 12, 1917
20 UNDERTAKER Williamson Bros. ADDRESS Granville