

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			STATE OF TENNESSEE	
County <u>Jackson</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
Civil Dist. <u>See</u>			Registration District No. _____	File No. <u>376</u>
Village _____			Primary Registration District No. <u>4402</u>	Registered No. <u>1</u>
City _____ (No. _____, St.; _____ Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Tilitha Mosley</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widow</u>	16 DATE OF DEATH <u>12</u> / <u>30</u> / 191 <u>7</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>3</u> / <u>18</u> / 18 <u>42</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 15</u> 191 <u>7</u> , to <u>Dec. 28</u> , 191 <u>7</u> , that I last saw her alive on <u>Dec. 28</u> , 191 <u>7</u> , and that death occurred, on the date stated above, at _____ m.	
7 AGE <u>74</u> yrs. <u>9</u> mos. <u>12</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>chronic heart trouble</u> <u>90</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. _____ ds. Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>J. O. Cornwall</u> , M. D. <u>Jan 15</u> , 191 <u>8</u> (Address) <u>Boydod Lane</u> *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
9 BIRTHPLACE (State or country) <u>Jackson Co</u>				
10 NAME OF FATHER <u>Billie Hoper</u>				
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>				
12 MAIDEN NAME OF MOTHER <u>Millie Roy</u>			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 _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>			19 PLACE OF BURIAL OR REMOVAL <u>Home care; Dec 31, 1917</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>M. A. Gairner</u> (Address) <u>Haydenburg Tenn</u>			20 UNDERTAKER <u>M. A. Gairner</u> ADDRESS <u>Haydenburg</u>	
15 Filed <u>Jan 16</u> , 191 <u>8</u> <u>J. E. Richard</u> REGISTRAR				