STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

20059

1 PLACE OF DEATH
County Haywood
Civil Dist. 12
OR
Village Dancyville
OR
City ..... (No. ....., St.; ..... Ward)

Registration District No. 381
Primary Registration District No. 3812

File No. .....
Registered No. 45

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

2 FULL NAME Mrs. Eliza Ann Johnston Dixon

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: 1 (Month) 18 (Day) 1858 (Year)

7 AGE: 71 yrs. 6 mos. 9 ds.
If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country): N. C.

PARENTS
10 NAME OF FATHER: John Johnston
11 BIRTHPLACE OF FATHER [State or country]: N. C.
12 MAIDEN NAME OF MOTHER: Thompson
13 BIRTHPLACE OF MOTHER [State or country]: N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Robt. M. Dixon
[Address] Stanton Tenn

15 Filed July 28, 1929 Mrs W H Maxwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 7 (Month) 27 (Day) 29 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1929, to June 24, 1929, that I last saw h[illegible] alive on June 21, 1929 and that death occurred, on the date stated above, at 5 P. M

The CAUSE OF DEATH* was as follows: 74a
Hemorrhage on brain.
with hemiplegia.

[Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY] High blood pressure

[Duration] ..... yrs. ..... mos. ..... ds.

Signed C. B. Moore, M. D
7/24, 1929 Address Stanton Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. State whether or not an operation was performed.

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: Dancyville
DATE OF BURIAL: July 28, 1929

20 UNDERTAKER: F. B. Dancy
ADDRESS: Dancyville Tenn

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.