

N. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH			
County <i>Carrall</i>				11666			
Civil Dis. <i>Indo</i>				File No.			
or Village <i>Rezwant</i>				Registration District No. <i>40902</i>			
or City				Primary Registration District No.			
(No. , St.; Ward)				Reg. No. <i>11</i>			
Length of residence in city or town where death occurred yrs. mos. ds.				How long in U. S. if of foreign birth? yrs. mos. ds.			
2. FULL NAME <i>Mrs. Mary Green</i>							
(a) Residence: No. (Usual place of abode)				St. Ward. (If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the words)			
<i>Female</i>		<i>White</i>		<i>widow</i>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		<i>J. C. Green</i>		21. DATE OF DEATH (month, day, and year) <i>May 6 1936</i>			
6. DATE OF BIRTH (month, day, and year)		<i>Jan. 12 - 1835</i>		22. I HEREBY CERTIFY, That I attended deceased from <i>4-30 1936</i> to <i>May 6 1936</i>			
7. AGE		Years Months Days		I last saw her alive on <i>May 6 1936</i> , death is said to have occurred on the date stated above, at <i>50</i> m.			
<i>101</i>		<i>3 24</i>		The principal cause of death and related causes of importance in order of onset were as follows: <i>Myocarditis</i> <i>Facial Paralysis</i>			
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		<i>House-keeper.</i>		Date of onset <i>7-1-36</i>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Date of onset <i>7-2-36</i>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Contributory causes of importance not related to principal cause: <i>93D</i>			
12. BIRTHPLACE (city or town) (State or country)		<i>Tennessee</i>		Name of operation Date of			
13. NAME		<i>Jarrett Taylor</i>		What test confirmed diagnosis? Was there an autopsy?			
14. BIRTHPLACE (city or town) (State or country)		<i>Tennessee</i>		E3. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19			
15. MAIDEN NAME		<i>Mary Smith</i>		Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
16. BIRTHPLACE (city or town) (State or country)		<i>Tennessee</i>		Manner of injury Nature of injury			
17. INFORMANT (Address)		<i>A. C. Green Rezwant, Tenn</i>		24. Was disease or injury in any way related to occupation of deceased? If so, specify <i>F. C. Carneel</i> (Signed) M. D. (Address) <i>Rezwant, Tenn</i>			
18. BURIAL, CREMATION, OR REMAINT PLACE <i>Protestant Church</i> Date <i>May 7, 1936</i>		19. UNDERTAKER (Address) <i>Rezwant, Tenn</i>					
20. FILED <i>May 9 1936</i>		<i>Mrs. C. H. Green</i>					

OCCUPATION

MOTHER [FATHER]