

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 Benton  
 Civil Dist. H. Th  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

4472

CERTIFICATE OF DEATH

Registration District No. 40304

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 21

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

2 FULL NAME Rebecca Ann Jordan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 18 1861  
 (Month) (Day) (Year)

7 AGE 65 yrs. 7 mos. 18 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Benton Tenn

10 NAME OF FATHER Hallow, Way, Jr

11 BIRTHPLACE OF FATHER [State or country] North Carolina

12 MAIDEN NAME OF MOTHER Catharine Stuard

13 BIRTHPLACE OF MOTHER [State or country] Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Noah A. Jordan  
 [Address] Danvers Tenn

15 Filed Mar 21 1927 B. H. Norwood  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar 8 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 4 1927 to Mar 8 1927, that I last saw her alive on Mar 8 1927 and that death occurred, on the date stated above, at 4:20 AM  
 The CAUSE OF DEATH\* was as follows:

Tuberculosis of Lungs

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed L. D. Murphy M. D.

Mar 21 1927 Address Brentwood 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 Cross Roads Tenn DATE OF BURIAL Mar 9 1927

20 UNDERTAKER Hugh Bivens Camden Tenn ADDRESS \_\_\_\_\_