STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Benton
Civil Dist. 4
or Village Holladay
or City Tn R.1 (No. , St.; Ward)

Registration District No. 3 4 K04 File No.
Primary Registration District No. 4 Registered No. 3

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

2 FULL NAME Mary Norwood

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: female · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): M	16 DATE OF DEATH: 1/14 (Month) (Day) 1923 (Year)
6 DATE OF BIRTH: 5/15 (Month) (Day) 1884 (Year)	17 I HEREBY CERTIFY, That I attended deceased from ...... 191..., to ...... 191..., that I last saw h... alive on ...... 191..., and that death occurred, on the date stated above, at ...... M
7 AGE: 38 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?	The CAUSE OF DEATH* was as follows: Tuberculosis of the throat
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):	(Duration) ... yrs. ... mos. ... ds.
9 BIRTHPLACE (State or country): Tenn	Contributory (SECONDARY) ..... (Duration) ... yrs. ... mos. ... ds.
PARENTS 10 NAME OF FATHER: L. E. Kelley	Signed Perry ..... M. D.
11 BIRTHPLACE OF FATHER (State or country): Tenn	......, 191... Address Camden Tenn
12 MAIDEN NAME OF MOTHER: Parlee Smith	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country): Tenn	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) B. H. Norwood (Address) Holladay Tn R.1	19 PLACE OF BURIAL OR REMOVAL ..... DATE OF BURIAL 1/15 1923
15 Filed 2/6 1923 R. E. Kelley Registrar	20 UNDERTAKER: McWelia · ADDRESS: Holladay Tn

DO NOT TEAR OUT

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.