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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

47

1 PLACE OF DEATH
County Madison
Civil Dist. 7
or
Village
or
City Jackson (No. ....., ... St.; ..... Ward)

Registration District No. .....
Primary Registration District No. .....

File No. 43
Registered No. .....

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

2 FULL NAME Mrs Dallie E. Blackney

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: Jan 13 (Month), 13 (Day), 1865 (Year)

7 AGE: 49 yrs. — mos. — ds.
If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country): Miss

PARENTS

10 NAME OF FATHER: T. D. Davis
11 BIRTHPLACE OF FATHER (State or country): Ga
12 MAIDEN NAME OF MOTHER: Miss Martin
13 BIRTHPLACE OF MOTHER (State or country): Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. E. Blackney
(Address) Jackson Tenn

15
Filed Jan 22nd, 1914 W. G. Earle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 13 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1914, to ....., 191..
that I last saw h..... alive on Nov 4, 1914
and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH * was as follows:
Cancer of Uterus 46
//

(Duration) 2 — — yrs. mos. ds.

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Barbee M. D.
Jan 13, 1914 (Address) Jackson Tenn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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: Hollywood
DATE OF BURIAL: 1/14th, 1914

20 UNDERTAKER: SPARKMAN-ROBINS CO.
ADDRESS

Form V.S. No. 4—100M. FOSTER & PARKES CO., NASHVILLE