

Size 8 1/2 x 7 1/4
 N. B.—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	
County		Madison 58-82		STATE DEPARTMENT OF HEALTH	
Civil Dis.		5-58-82		Division of Vital Statistics	
or Village		Registration District No. 585		CERTIFICATE OF DEATH	
or City		Jackson (No.)		File No. 16945	
Length of residence in city or town where death occurred		Primary Registration District No. 25805		Reg. No. 221	
		St.; Ward			
2. FULL NAME		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
(a) Residence: No. 463 Jackson		How long in U. S. if of foreign birth? yrs. mos. ds.			
		St., 3		Ward.	
		(Usual place of abode) (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 word)		21. DATE OF DEATH (month, day, and year)	
Female	W	Single		Aug 26, 1933	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from	
				1932, to Aug 26, 1933	
6. DATE OF BIRTH (month, day, and year)				I last saw her alive on Aug 19, 1933, death is said to have occurred on the date stated above, at 1 P. M.	
7. AGE	Years	Months	Days	The principal cause of death and related causes of importance in order of onset were as follows:	
2 hours				Dermatitis exfoliativa	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				infant 2 hours of age	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Contributory causes of importance not related to principal cause: 153.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation	
				Date of	
12. BIRTHPLACE (city or town) (State or country)		Jackson Tenn		What test confirmed diagnosis? Was there an autopsy?	
13. NAME		Barabba Temple		23. If death was due to external causes (violence) fill in also the following:	
14. BIRTHPLACE (city or town) (State or country)		Ky.		Accident, suicide, or homicide? Date of injury 19	
15. MAIDEN NAME		Lizzie Norwood		Where did injury occur? (Specify city or town, county, and State)	
16. BIRTHPLACE (city or town) (State or country)		Tenn		Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT (Address)		Mother Mrs Temple 463 Jackson Tenn		Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL Place		County		Nature of injury	
19. UNDERTAKER (Address)		None		24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED		Aug 28 1933 W. H. Dunder		(Signed) J. D. Dwyer M. D.	
				(Address) 109 1/2 Main St.	