

1 PLACE OF DEATH

County Benton
 Civil Dist. 5
 or
 Village Cannada
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 37
 Primary Registration District No. 37

File No. 12
 Registered No. 70

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

2 FULL NAME Rhoda Jordan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 21, 1887
 (Month) (Day) (Year)

7 AGE 79 yrs. mos. 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 Co

10 NAME OF FATHER John Holland

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rhoda Holland

13 BIRTHPLACE OF MOTHER (State or country) Benton Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. S. Jordan

(Address) Cannada Tenn

15 Filed Jan 12, 1917 Worcey Holloway
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 12, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1917, to Jan 12, 1917, that I last saw her alive on Jan 12, 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Heart Dropsy

(Duration) yrs. mos. ds.

Contributory (SECONDARY) _____

(Duration) yrs. mos. ds.

(Signed) J. P. Gray, M. D.

Jan 12, 1917 (Address) Cannada

*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 Family Cemetery DATE OF BURIAL 1-13-1917

20 UNDERTAKER J. P. Gray ADDRESS Cannada

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 statements of OCCUPATION is very important. See instructions on back of certificate.