

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		STATE OF TENNESSEE	
County <i>Humphrey</i>	Registration District No. <i>434</i>	STATE BOARD OF HEALTH	25716 <i>Case</i>
Civil Dist. <i>2</i>	Primary Registration District No. <i>44302</i>	Bureau of Vital Statistics	File No. <i>64</i>
Village _____	(No. _____, St. _____, Ward _____)	CERTIFICATE OF DEATH	Registered No. _____
City _____			[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <i>Emily Dasha Mitchell</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>F</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE, MARRIED, <input checked="" type="checkbox"/> WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH <i>Nov. 4 1928</i>
6 DATE OF BIRTH <i>July 8 1862</i>	7 AGE <i>66 yrs. 3 mos. 26 ds.</i>		17 I HEREBY CERTIFY, That I attended deceased from <i>Nov 2nd 1928</i> , to <i>Nov 4th 1928</i> , that I last saw her alive on <i>Nov 4th 1928</i> , and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: <i>Asthma Complicated with Broncho Pneumonia</i>
8 OCCUPATION <i>Housewife</i>	9 BIRTHPLACE (State or country) <i>Humphrey Co. Tenn.</i>		[Duration] _____ yrs. _____ mos. _____ ds.
10 NAME OF FATHER <i>Jackson</i>		Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.	
11 BIRTHPLACE OF FATHER [State or country] <i>Tenn.</i>		Signed <i>[Signature]</i> M. D.	
12 MAIDEN NAME OF MOTHER <i>Largley</i>		Address <i>[Address]</i>	
13 BIRTHPLACE OF MOTHER [State or country] <i>Tenn.</i>		* 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.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]	
[Informant] <i>Delia Mitchell</i>	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 _____
[Address] <i>Johnsonville Tenn.</i>	19 PLACE OF BURIAL OR REMOVAL <i>Charger</i>		DATE OF BURIAL <i>11/6/28</i> , 19 _____
15 Filed <i>12-26-28</i> <i>W. W. Steyer</i> REGISTRAR	20 UNDERTAKER <i>Burns & Lindsey</i>		ADDRESS <i>Columbia</i>