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

244

1 PLACE OF DEATH

County ....

Civil Dist. .... or Village .... or City ....

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. 244

(No. Methodist Hospital St.; Ward)

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

2 FULL NAME Emma Cameron Magee

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH .... (Month) .... (Day) 1.......... (Year)

7 AGE 47 yrs. .... mos. .... ds. — If LESS than 1 day, ... hrs. or ...... min.?

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

9 BIRTHPLACE (State or country) Miss.

PARENTS

10 NAME OF FATHER Wm. A. Cameron

11 BIRTHPLACE OF FATHER [State or country] Miss.

12 MAIDEN NAME OF MOTHER Sarah Newman

13 BIRTHPLACE OF MOTHER [State or country] Miss.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Featherstone

[Address] Memphis, Tenn.

15 Filed 1-25 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 25 [Month] [Day] 1928 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 1-18 1928, to 1-25, 1928, that I last saw her alive on 1-25 1928 and that death occurred, on the date stated above, at .... M

The CAUSE OF DEATH* was as follows:

Acute Toxic Nephritis

[Duration] .... yrs. .... mos. .... ds.

Contributory [SECONDARY] Same

[Duration] .... yrs. .... mos. .... ds.

Signed E. J. Johnson, M. D.

1-25 1928 Address ....

* 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 Brookhaven, Miss.

19 PLACE OF BURIAL OR REMOVAL Brookhaven, Miss.

DATE OF BURIAL 1-25 1928

20 UNDERTAKER [illegible]-Stuela Co.

ADDRESS ....