

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.

PLACE OF DEATH			North Carolina State Board of Health		BUREAU OF VITAL STATISTICS		99	
County	Henderson		144	CERTIFICATE OF DEATH		Certificate No. 7		
Township	Green River		Registration District No. 45-5589					
Town								
City								
FULL NAME			Jenny Casey		200			
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)		DATE OF DEATH				
M	Colored	Widow		April 30 1918				
DATE OF BIRTH				I HEREBY CERTIFY, That I attended deceased from				
AGE				that I last saw him alive on				
60								
OCCUPATION				and that death occurred on the date above stated, at				
Farmer				The CAUSE OF DEATH* was as follows:				
EDUCATIONAL ATTAINMENTS				Dropsy - Information from neighbors - Vision				
None				No physician (189)				
BIRTHPLACE				Contributory (Secondary)				
Spartanburg Co. S.C.				Mark Lovable (W. L. Jones)				
PARENTS	NAME OF FATHER		BIRTHPLACE OF FATHER (State or Country)		MAIDEN NAME OF MOTHER		BIRTHPLACE OF MOTHER (State or Country)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
(Informant)				LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)				
J. L. Hart				At place of death				
(Address)				Where was disease contracted, if not at place of death?				
Saluda				Former or usual residence				
Filed April 5 1918				PLACE OF BURIAL OR REMOVAL				
H. E. Brown				Mr. Page Cem.				
Registrar				DATE OF BURIAL				
				4/4/1918				
				UNDERTAKER				
				J. L. Hart				
				ADDRESS				
				Saluda, N.C.				