

## 1 PLACE OF DEATH

County PutnamCivil Dist. 6thOR  
Village \_\_\_\_\_OR  
City Brookton (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)2 FULL NAME Jane David

## STATE OF TENNESSEE

330

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 47206

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 23

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6 DATE OF BIRTH June 20 1884  
(Month) (Day) (Year)7 AGE 81 yr. mo. 6 da. or min. 7  
If LESS than 1 day, hrs. \_\_\_\_\_8 OCCUPATION  
(1) Trade, profession, or particular kind of work. Housekeeper  
(2) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Ed. Shoop11 BIRTHPLACE OF FATHER (State or country) W. Va.12 MAIDEN NAME OF MOTHER Betsy Cole13 BIRTHPLACE OF MOTHER (State or country) W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Marion David[Address] Algood15 Millie Judd

Filed \_\_\_\_\_ 1926 \_\_\_\_\_ REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 26 1926  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jane 1925, to June 26 1926, that I last saw her alive on June 15 1926, and that death occurred, on the date stated above, at 4 P.M.  
The CAUSE OF DEATH\* was as follows:  
Chronic Myocarditis129[Duration] 1 yr. mo. da.  
Contributory (SECONDARY) Arteriosclerosis[Duration] 1 yr. mo. da.  
Signed J. M. Wood M. D.  
June 26 1926 Address Algood

\* State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yr. mo. da. In the State \_\_\_\_\_ yr. mo. da.Where was disease contracted, if not at place of death?  
Factory or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.