Dr. Shipley

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

6063

File No. 7207

Registration District No. 721

Primary Registration District No. 67207

Reg. No. 2

1. PLACE OF DEATH

County Putnam Co.

Civil Dis. 7th.

or Village Cookeville R#2

or City ..... (No. ....., ... St.; ..... Ward)

If a War Veteran, fill out blank below.

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Mills Ellis

(Give War and Military Organization)

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND OF (or) WIFE OF: Robert Ellis

6. DATE OF BIRTH (month, day, and year): 10/17 1855

7. AGE: Years 83, Months 5, Days 7. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Putnam Co.

How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FATHER

13. NAME: Joe Mills

14. BIRTHPLACE (city or town) (State or country): Putnam

MOTHER

14. MAIDEN NAME: Betsy Whitson

15. BIRTHPLACE (city or town) (State or country): Putnam Co.

17. INFORMANT: Haskell Ellis

(Address) Cookeville, Tenn. R#2

18. BURIAL, CREMATION, OR REMOVAL: Stewart Cem. Date 3-25-'39

19. UNDERTAKER: Tom Goff Funeral Home

(Address) Sparta, Tenn.

20. FILED April 10 1939 Minnie McClain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 24, '39

22. I HEREBY CERTIFY, That I attended deceased from March 15 19 39 to March 24 19 39 that I last saw her alive on March 24 19 39 death is said to take place on the date stated above at 5" p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Influenza	3-18-39
Bronchopneumonia	3-23-39

11A

Contributory causes of importance not related to principal cause:

Generalized Arteriosclerosis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was cancer or tumor?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury .....

Nature of injury .....

24. Was cancer or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Shipley M. D.

(Address) Cookeville, Tenn.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. No. 1.

Size 8½ x 14