

## 1 PLACE OF DEATH

County PutnamCivil Dist. At the

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 47204

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

Primary Registration District No. 4

Registered No. \_\_\_\_\_

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

2 FULL NAME Esther Ford

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Sept 16, 1896  
(Month) (Day) (Year)7 AGE 17 yrs 9 mos 25 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Putnam Co10 NAME OF FATHER L. W. Ford11 BIRTHPLACE OF FATHER (State or country) Putnam Co12 MAIDEN NAME OF MOTHER Ava Jackson13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) A. P. [Signature]Address: Monte...15 Filed 15, 1914 Mar 13 Trapp

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6, 1914  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from May 1, 1914, to July 1, 1914, that I last saw her alive on July 1, 1914, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH\* was as follows:

Tuberculosis(Duration) 2 yrs 4 mos 10 ds.

Contributory (secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. S. Trapp, M. D.

1914 (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 \_\_\_\_\_

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

20 UNDERTAKER J. P. Elrod ADDRESS Monte...

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.

THIS PLAIN, 2 WITH VITAL STATISTICS, IS A COMBINATION PLAIN