

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain English, so that it may be properly classified. Every item of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County PutnamCivil Dist. 72thVillage Algood Times

City _____ (No. _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 726Primary Registration District No. 27219(No. _____) St.; 2 Ward

File No. _____

Registered No. 11

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

2 FULL NAME Elizabeth Ann Hyder

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 MARRIAGE

Married

6 DATE OF BIRTH

Sept 20, 1848
(Month) (Day) (Year)

7 AGE

72 yrs. 6 mos. 29 da. 00 hr. 00 min. 00 sec.
IF LESS THAN 1 day, hr., min., sec.

8 OCCUPATION

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (for Employer)

9 BIRTHPLACE

(State or country)

Putnam Co.

10 NAME OF FATHER

John Waidwell

11 BIRTHPLACE OF FATHER

(State or country)

Putnam Co.

12 MARRIAGE NAME OF MOTHER

Julia Grant

13 BIRTHPLACE OF MOTHER

(State or country)

Putnam

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. N. Hyder(Address) Algood Times

15

Filed May 7, 1917 at Algood Times Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 19, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1917, to Mar. 19, 1917,that I last saw her alive on Mar. 19, 1917,and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Senescent (old age)!!!

(Duration) _____ yrs. _____ mos. _____ da.

Contributory

(Injury)

(Duration) _____ yrs. _____ mos. _____ da.

(Signed) J. T. Moore, M. D.May 7, 1917. (Address) Algood Times

*State the HIGHEST CAUSE OF DEATH, such as death from VIOLENT CAUSES, such as (1) STRIKE or (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (In HOME, HOSPITAL, INSTITUTION, TRANSIENT, or BENT RESIDENCE)

At place of death _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da.

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

ADDRESS