

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.

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

306

County Jackson

Civil Dist. 6 P S

Registration District No. 442

File No. _____

Village _____

Primary Registration District No. _____

Registered No. 12

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

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

2 FULL NAME Martha Bull

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, yes, WIDOWED, OR DIVORCED. Write the word

16 DATE OF DEATH July 5, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH June 6, 1856
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1917, to June 8, 1917, that I last saw her alive on June 18, 1917, and that death occurred, on the date stated above, at _____ m.

7 AGE 61 yrs. 28 mos. 28 ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows: Senile debility
W. Howard Brak Brown
C. E. Prewitt

8 OCCUPATION (a) Trade, profession, or particular kind of work house work (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Livingston Tenn

10 NAME OF FATHER Jessie Moore

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER Jessie Willmuth

13 BIRTHPLACE OF MOTHER (State or country) Livingston Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) George Bull (Address) Hillbourn Tenn

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____, 1917 (Address) James Wood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15 Filed July 6, 1917 A. J. Pharris REGISTRAR

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 New Hope DATE OF BURIAL June 10, 1917

20 UNDERTAKER D. S. Taylor ADDRESS Hillbourn