

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

134

1 PLACE OF DEATH

County JacksonCivil Dist. 9or
Village _____or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 442

Primary Registration District No. _____

File No. 4[If death occurred in a
hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME Martha Emaline Brenley Robinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH Feb 7, 1851
(Month) (Day) (Year)7 AGE 63 8 16 If LESS than
yrs. mos. ds. 1 day, ---- hrs.
or ---- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work House keeping
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Smith Co Tenn10 NAME OF FATHER Stephen Brenley11 BIRTHPLACE OF FATHER (State or country) Ala12 MAIDEN NAME OF MOTHER Pally Horton13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac Robinson(Address) Cookerills Tenn15 Filed Jan 22, 1918 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 23, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Confluenza terminalis
in Pneumonia_____
(Duration) ---- yrs. ---- mos. ---- ds.Contributory (SECONDARY) _____
(Duration) ---- yrs. ---- mos. ---- ds.(Signed) N. M. McCain, M. D.
, 191____ (Address) Saunderboro

*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 26 yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, If not at place of death? _____

Former or usual residence usual residence19 PLACE OF BURIAL OR REMOVAL Byres cemetery DATE OF BURIAL Oct 24, 191820 UNDERTAKER Friends 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.