

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

136

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson Co  
Civil Dist. 97 Registration District No. 44407 File No. 1  
or Village Bloomington Primary Registration District No. 44407 Registered No. 4  
or City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Purle May Carter

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH aug 11, 1918  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ If LESS than 1 day, ---- hrs. or ---- min.?  
----- yrs. 2 mos. ----- ds.

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Avry Carter

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Willie Fox

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pate Carter

(Address) Granville Tn

15 Filed Nov 9, 1918 of Emmal Wheeler

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 1918, to Oct 24, 1918, that I last saw him alive on Oct 24, 1918, and that death occurred, on the date stated above, at 800 cm.

The CAUSE OF DEATH \* was as follows:

Pseudo-membranes

Contributory (SECONDARY) \_\_\_\_\_ (Duration) ----- yrs. ----- mos. ----- ds.

(Signed) J Mac Wheeler, M. D.  
, 191 (Address) Bloomington

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, 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 Wheeler's Grove DATE OF BURIAL Oct 27, 1918

20 UNDERTAKER Pate Carter ADDRESS Bloomington

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAKING RESERVED FOR BINDING  
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.