

WRITE PLAIN., 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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson Co
Civil Dist A 7 Registration District No. 44407 File No. 140
or Bloomington Sp Primary Registration District No. 44407 Registered No. 8
City _____ (No. _____, St.; _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bettie and Bridg Sadler

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb, 1905
(Month) (Day) (Year)

7 AGE 11 yrs. 8 mos. — ds. If LESS than 1 day, ____ hrs. or ____ min.?

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) Putnam Co

PARENTS

10 NAME OF FATHER Leale Sadler

11 BIRTHPLACE OF FATHER (State or country) Putnam Co

12 MAIDEN NAME OF MOTHER Therrie Montgomery

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Therrie Sadler
(Address) Bloomington Sp

15 Filed Nov 9, 1918 Emma Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____,
that I last saw him alive on Oct 20, 191____,
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:
Acute Indigestion

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____, M. D.
91— (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 Sadler Gray DATE OF BURIAL Oct 29, 1918

20 UNDERTAKER Wirt McHenry ADDRESS Bloomington