

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

152

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. #3Village Hendersonburg Tenn.

City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44403

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 13

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

2 FULL NAME Merleens Mai Sloan

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single6 DATE OF BIRTH Feb 20, 19177 AGE 1 yr. 8 mos. 16 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) Tenn.10 NAME OF FATHER Baxter Sloan11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Lucies Hardcastle13 BIRTHPLACE OF MOTHER (State or country) Tenn.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Baxter Sloan(Address) Hendersonburg Tenn.15 Filed Nov 5, 1918 M. H. Dye REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1918, to Nov 5, 1918, that I last saw her alive on Nov 5, 1918 and that death occurred, on the date stated above, at 12:45 m.

The CAUSE OF DEATH\* was as follows:

Bacterial Pneumonia following Influenza

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) D. C. Cornwell, M. D.Nov 5, 1918 (Address) Bagdad Tenn.

\*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 Camp ground DATE OF BURIAL Nov 6, 191820 UNDERTAKER Lois With ADDRESS Willette

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.

RECORDS KEPT FOR BIRTHING