

MARGIN RESERVED FOR BINDING. 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
County Jackson
Civil Dist. 12
or Village Clenny
or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

174

Registration District No. 44412
Primary Registration District No. 12

File No. 27
Registered No. 27

2 FULL NAME Pattie May Glatt

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 18, 1910
(Month) (Day) (Year)

7 AGE 8 2 12
----- yrs. ----- mos. ----- ds. If LESS than 1 day, ----- hrs. or ----- min.?

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

9 BIRTHPLACE Jackson Co Tenn
(State or country)

10 NAME OF FATHER J D Glatt

11 BIRTHPLACE OF FATHER Jackson Co Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Ova Birdwell

13 BIRTHPLACE OF MOTHER Jackson Co Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Wm. M. Glatt
(Informant)
Ganesboro Tenn R # 3
(Address)

15 Filed Dec 3, 1918 by J. W. Billingsley
Ganesboro Tenn R # 3
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 1, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1918, to Nov 30, 1918, that I last saw her alive on Nov 30, 1918, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH * was as follows:
Influenza followed by Bronchial Pneumonia

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

(Signed) L R Anderson M. D.
Dec 3, 1918 (Address) Flynn's Lick 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 Glatt's cemetery DATE OF BURIAL Dec 2, 1918

20 UNDERTAKER J. W. Chaffin ADDRESS Ganesboro Tenn R # 3