

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 8

Village _____

City _____ (No. _____ St.; _____ Ward)

Registration District No. 44408

Primary Registration District No. _____

File No. 2320

Registered No. 2

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

2 FULL NAME Bettie Hawkins Marten

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 June 8 1897
(Month) (Day) (Year)

7 AGE 17.3 yrs. 8 mos. 16 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson co

10 NAME OF FATHER Henry Hawkins

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Polly Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Derry Marten
[Address] Cookville R8

15 Filed March 21 1921 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 25 1921
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
no medical aid in attendance for a long time it was tuberculosis of lungs [Duration] 11 yrs. 8 mos. 16 ds.

Contributory [SECONDARY] 31
[Duration] _____ yrs. _____ mos. _____ ds.

Signed _____ M. D.
_____, 191____ 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 5 yrs. 8 mos. 16 ds. In the all his life State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Godsons branch DATE OF BURIAL Feb 22 1921

20 UNDERTAKER Friends only ADDRESS _____

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.