

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. # 3

OR Village Haydenburg Tenn.

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

Registration District No. 44403

Primary Registration District No. 11

File No. 365

Registered No. _____

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

2 FULL NAME Orsa Witcher

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 Oct 16 1898
(Month) (Day) (Year)

7 AGE 22 yrs. 9 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Tenn.
(State or country)

10 NAME OF FATHER Harmon Minchey

11 BIRTHPLACE OF FATHER Tenn.
[State or country]

12 MAIDEN NAME OF MOTHER Loris Hunter

13 BIRTHPLACE OF MOTHER Tenn.
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Birdie Brazil

[Address] Haydenburg Tenn.

15 Filed July 10 1921 M. H. Dycus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 5 1921 to July 5 1921, that I last saw her alive on July 5 1921

and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Septasemia 108

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory Infected tooth
[SECONDARY] [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 _____ 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 Minchey cemetery DATE OF BURIAL July 7 1921

20 UNDERTAKER Law With Willette Tenn. ADDRESS _____

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.