

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. 5
or Village Granville
or City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44405
Primary Registration District No. _____

File No. 387
Registered No. 12

2 FULL NAME

Martha Birdwell

(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 married
(Write the word)

6 DATE OF BIRTH Aug 2 1858
(Month) (Day) (Year)

7 AGE 63 yrs. 19 mo. 19 da. 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 Will Barnett

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER Susan Kent

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Jno C Broth
[Address] Granville

15 Filed 9/22 1921 W. P. Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sep 21 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw her alive on _____ 191____ and that death occurred, on the date stated above, at 2:10 M

The CAUSE OF DEATH* was as follows:
Tuberculosis of lung or OR Pulmonary Tuberculosis
[Duration] 6 yrs. 31 mo. 31 da.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mo. _____ da.
Signed L. M. Freeman M. D.
9/22 1921 Address Granville

* 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. _____ mo. _____ da. In the _____ State _____ yrs. _____ mo. _____ da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Defeated R-1 DATE OF BURIAL 9/22 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville