

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MadisonCivil Dist. No. 1or Village Harvard

or City _____

Registration District No. 441Primary Registration District No. 24401File No. 11398

Registered No. _____

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

2 FULL NAME Infant

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)6 DATE OF BIRTH Oct 10, 1924
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day _____ hrs. or _____ min.?
yrs. mos. ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Lee McCarty11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Lula Shorter13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee McCarty(Address) Timesboro, Tenn15 Filed Nov 6, 1924 Mrs. M. H. Dettle REGISTRAR

Form No. 4-25M. * FOSTER & FISHER CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11, 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1924, to Oct 11, 1924, that I last saw her alive on Oct 11, 1924, and that death occurred, on the date stated above, at 159.

The CAUSE OF DEATH* was as follows:

Sepsis Resectionis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Failure of Pericardium Only to Cause
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. H. Taylor, M. D.Nov 6, 1924 (Address) Timesboro, 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 Rehoboth, TennDATE OF BURIAL Oct 12, 192420 UNDERTAKER None ADDRESS _____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.