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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

D 2

291

1 PLACE OF DEATH

County Jackson

Civil Dist. 5

OR

Village

OR

City (No. , St.; Ward)

Registration District No. 44408 File No. 2

Primary Registration District No. Registered No. 2

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

2 FULL NAME Caridine Cole

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. M.

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: April (Month) 23. (Day) 1854 (Year)

7 AGE: 68 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Putnam Co

PARENTS

10 NAME OF FATHER: Sam Cole

11 BIRTHPLACE OF FATHER [State or country]: North Carolina

12 MAIDEN NAME OF MOTHER: Sulin Cole Caroline Cole

13 BIRTHPLACE OF MOTHER [State or country]: North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] R N Maberry

[Address] Cookeville RR

15 Filed Feb 21 1922 T W Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 13 (Day) 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 , to , 191 , that I last saw h 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

Tuberculosis not Suspected [Duration] yrs. mos. ds.

Contributory [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: Dodrout Branch DATE OF BURIAL: Jan 18 1922

20 UNDERTAKER ADDRESS

Form V. S. No. 4 Printing Department, Tennessee Industrial School