

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. 12  
or Village McDonnville  
or City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
Primary Registration District No. 12

422  
File No. 19  
Registered No. 19  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Hatima Willmuth

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 February 13, 1860  
(Month) (Day) (Year)

7 AGE 62 yrs. 10 mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER John Welch

11 BIRTHPLACE OF FATHER (State or country) Orberton Co Tenn

12 MAIDEN NAME OF MOTHER Carline Morgan

13 BIRTHPLACE OF MOTHER (State or country) Orberton Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Willmuth  
Gainesboro Tenn R#3  
(Address)

15 Filed Dec 25 1922 Jno B Billingsley  
Gainesboro Tenn R#3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 13, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1922, to Dec 12 1922, that I last saw him alive on Dec 12 1922, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH\* was as follows:

Self followed by  
Pneumonia  
11a

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W M McLoarin M. D.  
Dec 25 1922 (Address) Gainesboro Tenn R#3

\*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 Stafford Cemetery DATE OF BURIAL Dec 14 1922

20 UNDERTAKER Lectar Davis Gainesboro Tenn R#3 ADDRESS \_\_\_\_\_