

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 JacksonCivil Dist No. 8

Village _____

City _____

Registration District No. 164408

Primary Registration District No. _____

(No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 423
13

Registered No. _____

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

2 FULL NAME Anna Belle Beutland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH _____ 1905
(Month) (Day) (Year)7 AGE 17 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION School girl
(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) Tennessee10 NAME OF FATHER Calvin Beutland11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Dora Maxwell13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Thomas Beutland[Address] Jamesboro, Tenn15 Filed Dec 18 1922 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 11 1922 to Dec 17 1922, that I last saw her alive on Dec 17 1922 and that death occurred, on the date stated above, at 6 P. M.The CAUSE OF DEATH* was as follows:
Influenzal Pneumonia
Ha[Duration] _____ yrs. _____ mos. 10 ds.
Contributory [SECONDARY] MyocarditisSigned T. C. Gray M. D.
Dec 17 1922 Address Jamesboro, 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 Pleasant Hill Cemetery DATE OF BURIAL Dec 18 192220 UNDERTAKER None ADDRESS _____