

DO NOT TEAR OUT  
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. # 7

OR  
Village \_\_\_\_\_

OR  
City Bloomington No. 3 Springs Rt 1 St.; Ward \_\_\_\_\_

2 FULL NAME Altha A. Halpore

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

376

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 36

[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 May 4 1866  
(Month) (Day) (Year)

7 AGE 62 yrs. 9 mos. 6 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) Jackson Co

10 NAME OF FATHER L. C. Ostriner

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Sarah Huggins

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] I. B. Halpore

[Address] Bloomington, Tenn

15 Emmal Wheeler  
Filed 3-10-1924

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 11 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1921 to Feb 11 1924

that I last saw her alive on Feb 11 1924 and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH\* was as follows: 44  
Hepatic Carcinoma

(Cancer of Liver)

[Duration] 3 yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] yrs. mos. ds.

Signed J. M. Wheeler  
2/12 1924 Address Baxter Lane

\*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 Halpore Cemetery DATE OF BURIAL 2-11-1924

20 UNDERTAKER Granville Moran, Knoxville