

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. 9th  
OR  
Village 7-8  
OR  
City Cookeville (No. \_\_\_\_\_ St.; Ward \_\_\_\_\_)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

File No. 402  
Registered No. 6

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

2 FULL NAME Belle Hamilton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Feb. 4 1871  
(Month) (Day) (Year)

7 AGE 53 yrs. mos. ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE Tennessee  
(State or country)

10 NAME OF FATHER Tom Davidson

11 BIRTHPLACE OF FATHER Tennessee  
[State or country]

12 MAIDEN NAME OF MOTHER Carline Syme

13 BIRTHPLACE OF MOTHER Tennessee  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Cherry Jenkins  
[Address] Cookeville, TN

15 Filed June 30 1924 J. H. Dillard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 4 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_ to \_\_\_\_\_ 191\_\_ that I last saw him alive on \_\_\_\_\_ 191\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ M  
The CAUSE OF DEATH\* was as follows: 114

White flux  
(Duration) yrs. mos. ds.

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

Signed Butler M. D.  
Address Elgood

\* 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 Dobson Branch DATE OF BURIAL April 6 1924

20 UNDERTAKER Friends ADDRESS \_\_\_\_\_