

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 Co
 Civil Dist. 7
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

408

Registration District No. 44407

File No. 27

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME Catherine Feigo

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 24 1861
 (Month) (Day) (Year)

7 AGE 68 yrs. 4 mos. 3 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION House Keeping
 (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) Putnam Co

10 NAME OF FATHER John Elrod

11 BIRTHPLACE OF FATHER (State or country) Putnam Co

12 MAIDEN NAME OF MOTHER Betty Feigo

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Jim Feigo
 [Address] Bloomington, Tenn

15 File Reg 6' 1924 Emma Wheel
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 8 1924 to April 20 1924 that I last saw him live on April 20 1924 and that death occurred, on (the date stated above), at 7 M. The CAUSE OF DEATH* was as follows: 1000

Bronchial Pneumonia

Contributory [SECONDARY] _____ [Duration] ___ yrs. ___ mos. ___ ds.

Signed L. M. Freeman M. D.
 _____ 1924 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. State ___ yrs. ___ mos. ___ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Cross Chapel DATE OF BURIAL April 22 1924

20 UNDERTAKER Jim Billingsley ADDRESS Bloomington