

## STATE OF TENNESSEE

411

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist # 7OR  
VillageOR  
CityRegistration District No. HH407

Primary Registration District No.

File No. 28

Registered No.

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

2 FULL NAME Margrett Flatt

## 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 January 28, 1868  
(Month) (Day) (Year)7 AGE 5'6" yrs. 5' mos. 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. Tenn.10 NAME OF FATHER John Bryant11 BIRTHPLACE OF FATHER (State or country) Putnam12 MAIDEN NAME OF MOTHER Etiza Bryant

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Em. Flatt[Address] Bloomington, Tenn.15 Filed Aug 12, 1924 Emmal Wheeler REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26, 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 8, 1924 to April 25, 1924, that I last saw him alive on April 25, 1924, and that death occurred, on the date stated above, at 7a MThe CAUSE OF DEATH\* was as follows:  
Bronchial Pneumonia

Contributory (SECONDARY)

[Duration] yrs. mos. ds.

Signed L. R. Anderson M. D.Address Gainestown

\* 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

Wheeler

DATE OF BURIAL

April 27, 1924

20 UNDERTAKER

Edie Sloat

ADDRESS

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.