

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. R.—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 Madison  
 Civil Dist. 8  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

27020

CERTIFICATE OF DEATH

Registration District No. 444015  
 Primary Registration District No. \_\_\_\_\_

File No. 15

Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ruggie Hawkins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE 45 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Home work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Jimmie Spivey

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Lissie Rigby

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15 Filed \_\_\_\_\_ 1911 Mrs. T. M. Casar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 10 15 1911  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased, Nov. 3, 1911, to Nov 15, 1911, that I last saw h. alive on Nov 15, 1911, and that death occurred, on the date stated above, at \_\_\_\_\_ M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed C. E. Reeves M. D.  
 \_\_\_\_\_ 1911 Address Gainesboro

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OR state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 1911

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