

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 Putnam
Civil Dist. 10
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 724
Primary Registration District No. 724

File No. 37

Registered No. 1

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

2 FULL NAME Saranna E Hutchison

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 5 (Month) 6 (Day), 1914 (Year)

7 AGE 7 yrs. 7 mos. 29 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Bill Hutchison

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Sadie Stanton

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W W Sadler (Address) Bloomington

15 Filed 3/6, 1922 Jas E. Sadler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 (Month) 5 (Day), 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/4 1922 to _____, 191, that I last saw her alive on 1/4, 1922, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows: Diphtheria 10 (Duration) 6 mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E M. Torrey, M. D. 3/5, 1922 (Address) Granville

*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 _____ DATE OF BURIAL 1/6, 1922

20 UNDERTAKER _____ ADDRESS _____