

WRITE IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information on above 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 Utman  
 Civil Dist. 20  
 or  
 Village Boxley  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47220  
 Primary Registration District No. \_\_\_\_\_

File No. 40

Registered No. \_\_\_\_\_

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

2 FULL NAME Martha Jane Proffitt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 13, 1840  
(Month) (Day) (Year)

7 AGE 81 yrs. 11 mos. 27 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Fred Slade

11 BIRTHPLACE OF FATHER (State or country) Island

12 MAIDEN NAME OF MOTHER Patsy Panner

13 BIRTHPLACE OF MOTHER (State or country) N.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S.S. Proffitt  
 (Address) Boxley Tenn

15 Filed 1/10, 1922 A.R. Judel  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1921, to Jan 8, 1922, that I last saw him alive on Jan 9, 1922 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH\* was as follows: Paralysis 756

Contributory (SECONDARY) age

(Signed) W.T. Sewell M. D.  
Jan 10, 1922 (Address) Boxley Tenn

\*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 \_\_\_\_\_, 1922

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