

## 1 PLACE OF DEATH

County SumnerCivil Dist. 13OR  
Village Silver Point TennOR  
CityRegistration District No. A 7213

Primary Registration District No.

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

File No. 44Registered No. 5

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

2 FULL NAME Lavla Kepp

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single  
(Write the word)

6 DATE OF BIRTH

Unknown  
(Month) (Day) (Year)

7 AGE

About 80 yrs. mos. ds.If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Tenn

10 NAME OF FATHER

John Kepp11 BIRTHPLACE OF FATHER  
[State or country]Tenn

12 MAIDEN NAME OF MOTHER

Linda Horton13 BIRTHPLACE OF MOTHER  
[State or country]Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed Jan 11 1922C. A. Hall  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH

Jan 15 1922  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from

191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw h..... alive on \_\_\_\_\_, 191\_\_\_\_,  
and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:

No. Doctor 90  
Chronic Valvular Heart Disease  
[Duration] yrs. mos. ds.Contributory  
[SECONDARY]

[Duration] yrs. mos. ds.

Signed \_\_\_\_\_

M. D.

\_\_\_\_\_, 191\_\_\_\_ 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. 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

Kepp CemeteryJan 17 1922

20 UNDERTAKER

ADDRESS

J. B. CarrSilver Point, Tenn

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.

MARGIN RESERVED FOR BINDING