

1 PLACE OF DEATH

County PutnamCivil Dist. 2OR
Village _____OR
City _____

Registration District No. _____

Primary Registration District No. _____

(No. _____ St.; _____ Ward)

File No. 51Registered No. _____
[If death occurred in a hospital or institution, give its NAME, instead of street and number.]2 FULL NAME Cornelia Jones

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 Aug 14 1869
(Month) (Day) (Year)7 AGE 22 yrs. 6 mos. 1 da. 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 Isaac Burton11 BIRTHPLACE OF FATHER [State or country] Tenn.12 MAIDEN NAME OF MOTHER Hoster13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] P. Jones Jr[Address] Buffalo Valley Tenn

15 Filed _____ 191_____ REGISTRAR

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1911 to Feb 4 1912, that I last saw her alive on Feb 4 1912 and that death occurred, on the date stated above, at 12 M The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

Contributory [SECONDARY] _____

[Duration] 1 yrs. 31 mos. 31 da.Signed Samuel Denton M. D.Address Buffalo Valley 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. _____ da. In the State _____ yrs. _____ mos. _____ da.

Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 191_____

20 UNDERTAKER _____ ADDRESS _____

MARGIN RESERVED FOR BINDING

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.