

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.

1 PLACE OF DEATH

County Putnam
Civil Dist. 20
OR
Village Baxter
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. 69
Registered No. 3

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

2 FULL NAME Harriet Brassell

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 Oct. 1852
(Month) (Day) (Year)

7 AGE 70 yrs. mos. da. 1 day, _____ hrs. or _____ min.?
If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Hickman Dowell

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Adeline Cook

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. R. Brassell
[Address] Baxter

15 Filed 6/1 1922 A. R. Judd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 10 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 3rd 1922, to March 10th 1922, that I last saw her alive on March 10th 1922 and that death occurred, on the date stated above, at 11:45 AM
The CAUSE OF DEATH* was as follows: Influenza 90

[Duration] yrs. mos. 22 da.
Contributory Chronic valvular heart disease
[SECONDARY] [Duration] 10 yrs. mos. da.

Signed R. H. Miller M. D.
May 11th 1922 Address Baxter 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 _____

20 UNDERTAKER _____ ADDRESS _____