

MARGIN RESERVED FOR BINDING (AN

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 PutnamCivil Dist. 7OR  
Village Double Springs

OR

City

Registration District No. 47203Primary Registration District No. 7

(No.

St.:

Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

File No. 25

Registered No.

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

2 FULL NAME Bertha Blinch Richardson

## 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 25 1883  
(Month) (Day) (Year)7 AGE 38 yrs. 4 mos. 14 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION house work  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson County10 NAME OF FATHER Ellie Birdwell11 BIRTHPLACE OF FATHER (State or country) Jackson Tenn12 MAIDEN NAME OF MOTHER Mary J White13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Alvina Palk[Address] Cookville Tenn R. 4.15 Filed Mar 22 1922 Geo Jernigan  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 10 1922  
[Month] [Day] [Year]17 I HEREBY CERTIFY That I attended deceased from Mar 9 1922 to Mar 11 1922that I last saw him alive on Mar 10 1922and that death occurred, on the date stated above, at 11 P. M.The CAUSE OF DEATH\* was as follows:  
acute indigestion and that produced heart failure[Duration] yrs. mos. ds. 3 1/2 ds.Contributory [SECONDARY] diabetes Mellitus[Duration] yrs. mos. ds. 2 yrs. mos. ds.Signed J. D. Allison M. D.  
Mar 11 1922 Address Blainville 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. State yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence.19. PLACE OF BURIAL OR REMOVAL Double Springs DATE OF BURIAL Mar 12 192220 UNDERTAKER M. P. Stewart ADDRESS Double Springs