

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. 19th
 or
 Village _____
 or
 City Algood (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 726
 Primary Registration District No. 47219

File No. 482
 Registered No. _____

2 FULL NAME Mrs. J. F. Hampton

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

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 May 13, 1961
 (Month) (Day) (Year)
 7 AGE 60 yrs. 10 mos. 16 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 Calvin Eldridge

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Medlock

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. F. Hampton
 (Address) Algood

15 Filed Mar 20, 1962 Mrs. H. L. Swell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 29, 1962
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1962, to Mar 29, 1962, that I last saw her alive on Mar 29, 1962, and that death occurred, on the date stated above, at 49 m.

The CAUSE OF DEATH* was as follows:
Influenza

Contributory Pneumonia
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. D. Moore
Mar 29, 1962 (Address) Algood

*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 Algood Tenn DATE OF BURIAL Mar 30, 1962

20 UNDERTAKER Harp & Painter ADDRESS Algood