

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. 2
or
Village _____
or
City Cookville (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44202 File No. 22
Primary Registration District No. 2 Registered No. 2

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

2 FULL NAME Millie Louise

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH Jan 10, 1862
7 AGE 60 If LESS than 1 day, ____ hrs. ____ yrs. ____ mos. ____ ds. 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) White Co Tenn

10 NAME OF FATHER Martin Mitchell

11 BIRTHPLACE OF FATHER (State or country) White Co Tenn

12 MAIDEN NAME OF MOTHER Angeline Moore

13 BIRTHPLACE OF MOTHER (State or country) White Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herb Ann Duce
(Address) Cookville B. 5

15 Filed Jan 22 1922 Edw. Jaeger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 18, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1920, to 1922, that I last saw h alive on March 27, 1922, and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows: Polio-graphy 54

Contributory (SECONDARY) _____ (Duration) 2 yrs. ____ mos. ____ ds.

(Signed) W. A. Powell M. P. (Duration) 2 yrs. ____ mos. ____ ds.

191____ (Address) Cookville

*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 45 yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? at place of death
Former or usual residence: usual

19 PLACE OF BURIAL OR REMOVAL at family cemetery DATE OF BURIAL April 17, 1922

20 UNDERTAKER County Store ADDRESS _____