

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. 12th
 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. 771
 Primary Registration District No. 47201

File No. 97
 Registered No. 15

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

2 FULL NAME Lola Mildred Huddleston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH Mar 1, 1920
 (Month) (Day) (Year)
 7 AGE 3 yrs. 2 mos. _____ ds. 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (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) Tenn

10 NAME OF FATHER S. C. Huddleston

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Delia White

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) S. C. Huddleston

(Address) Cookville Tenn

15 Filed 6/1 1922
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 30, 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 22, 1922, to Apr 30, 1922, that I last saw her alive on Apr 30, 1922, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Diphtheria

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Gangrene of Tonsil
 (secondary) & posterior paresis
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Moore, M. D.
Apr 30, 1922 (Address) Alford Farm

*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 Salem Gravel DATE OF BURIAL 5/1, 1922

20 UNDERTAKER W. H. Wilson ADDRESS Cookville