

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. 19
OR
Village Algood
OR
City _____ (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. 47719

File No. 196
Registered No. _____

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

2 FULL NAME Caroline Algood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female negro
4 COLOR OR RACE _____
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
6 DATE OF BIRTH _____
(Month) (Day) (Year)
7 AGE 45 yrs. _____ mos. _____ ds.
If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Mitchell Webb

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Pop Shields

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Burr Algood
[Address] Algood Tenn

15 Filed May 16 1922 Mrs. H. J. Sewell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 / 15 / 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 5-2 1922, to 5-15, 1922, that I last saw her alive on 5-14, 1922

and that death occurred, on the date stated above, at 8 P M

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

[Duration] 1 yrs. 6 mos. _____ ds.

Contributory [SECONDARY] Influenza
[Duration] _____ yrs. _____ mos. 14 ds.

Signed J. A. Butler M. D.
5-16 1922 Address Algood 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. 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 REBURYAL Algood DATE OF BURIAL May 16 1922
Harb & Poister

20 UNDERTAKER Harb & Poister ADDRESS _____