

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. \_\_\_\_\_  
 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. 721  
 Primary Registration District No. 27201

File No. 131  
 Registered No. 27

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

2 FULL NAME Mrs. Sally Yates

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Sept. 23, 1879  
(Month) (Day) (Year)

7 AGE 42 yrs. 9 mos. 19 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) White Co.

10 NAME OF FATHER William Math

11 BIRTHPLACE OF FATHER (State or country) T

12 MAIDEN NAME OF MOTHER Miss Bussell

13 BIRTHPLACE OF MOTHER (State or country) T

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Marguer Yates  
 (Address) Cookville T

15 Filed July 17, 1922 Ley Oyer  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1914, to July 10, 1922 that I last saw her alive on July 10, 1922 and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH\* was as follows:  
America (Dementia)  
58a

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. P. Ripley M. D.  
July 12, 1922 (Address) Cookville

\*State the DISEASE CAUSING DEATH, or, in deaths from FROSTBITE, CARBIDE, 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 Cookville T DATE OF BURIAL 7-13-1922

20 UNDERTAKER Joe Whitson & Co. ADDRESS Cookville