

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 statements of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Pitkin  
 Civil Dist. 1st  
 or Village \_\_\_\_\_  
 or City Cookeville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 Registration District No. 721  
 Primary Registration District No. 47201  
 File No. 137  
 Registered No. 25  
 2 FULL NAME Mrs E. A Lewis  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED W.  
 (Write the word)  
 6 DATE OF BIRTH Sept 27 1838  
 (Month) (Day) (Year)  
 7 AGE 85 10 mos. 2 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 8 OCCUPATION Housewife  
 (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) Tennessee  
 10 NAME OF FATHER Henry Fox  
 11 BIRTHPLACE OF FATHER (State or country) Tennessee  
 12 MAIDEN NAME OF MOTHER Mary Carter  
 13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs Mary Dyer  
 (Address) Cookeville R #4  
 15 July 30 1917 Ley Dyer  
 Filed \_\_\_\_\_ 1917 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 29 1917  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_ 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 The CAUSE OF DEATH\* was as follows:  
Fractured Hip  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory Due to Fall  
 (SECONDARY)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) Ley Dyer M. D.  
 \_\_\_\_\_ 191\_\_\_\_ (Address) Cookeville  
 \*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 Family Gravel DATE OF BURIAL July 30 1917  
 20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_