

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. 7

Village Double Springs

City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47217

Primary Registration District No. 7

File No. 145

Registered No. _____

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

2 FULL NAME

Alice Judd

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Aug. 28 1922
(Month) (Day) (Year)

7 AGE 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 4 hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Not any.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Double Springs Tenn.

10 NAME OF FATHER Walter Judd

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15

Filed Aug 4, 1922 W. J. Ferrigno

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 28 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 28 1922 to Aug 28 1922, that I last saw her alive on Aug 28 1922

and that death occurred, on the date stated above, at 5 P M

The CAUSE OF DEATH* was as follows: 161a

Prenatal labor
only lived 14-15
minutes [Duration] yrs. mos. ds.

Contributory miscarriage
[SECONDARY] [Duration] yrs. mos. ds.

Signed J. J. Allison M. D.
Aug 28 1922 Address Bloomington 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 REMOVAL, DATE OF BURIAL

Double Springs Tenn. Aug. 28 1922

20 UNDERTAKER ADDRESS Double Springs