

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. 8
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 7208
Primary Registration District No. _____

File No. 153

Registered No. 10

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

2 FULL NAME Maranda Randolph

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)
6 DATE OF BIRTH Nov 8 1893
(Month) (Day) (Year)

7 AGE 29 yrs. 10 mos. 14 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Sam Herron

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Loducky Thomas

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Milvus Hickey
[Address] Silver Point

15 Filed Sept 23 1922 Douglas Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 22 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 1922 to Sept 23 1922, that I last saw her alive on Sept 23 1922 and that death occurred, on the date stated above, at 4:30 PM
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

[Duration] 1 yrs. 6 mos. ds.
Contributory [SECONDARY] Uremia
[Duration] 1 yrs. 4 mos. ds.

Signed L.S. Love M. D.
Sept 25 1922 Address Silver Point

* 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 7 yrs. 10 mos. ds. In the State 7 yrs. 10 mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Russell Cemetery DATE OF BURIAL Sept 24 1922

20 UNDERTAKER Milvus Hickey ADDRESS Silver Point