

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. 15
OR
Village
OR
City Algood (No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 126
Primary Registration District No. 44215

File No. 167

Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Kate Szyger

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
6 DATE OF BIRTH Feb 14 1844
(Month) (Day) (Year)
7 AGE 78 yrs. 8 mos. 22 ds.
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Elijah Carr

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Horner

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] E. H. Buck
[Address] Cookeville

15 Filed Nov 6 1922 Mrs. H. L. Szyger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10 1922, to Nov. 1922, that I last saw her alive on Nov. 4 1922 and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows: Acute Bronchitis

[Duration] yrs. mos. ds.
Contributory (SECONDARY) Anemia
[Duration] yrs. mos. ds.

Signed J. M. Moore M. D.
Nov. 6 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 REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS