

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 Pitman  
 Civil Dist J  
 OR  
 Village Coakville  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

010128

Registration District No. 47202  
 Primary Registration District No. 2

File No. 8  
 Registered No. 8

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

2 FULL NAME Delina Clouse

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH march 5 1897  
 (Month) (Day) (Year)

7 AGE 79 yrs. 0 mos. 12 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER John Bernbalough

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Pally unknown

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mrs C. Has Clouse  
 [Address] Coakville # 2

15 Filed may 8, 1926 J. W. Phy.  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH march 27 1926  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from march 25 1926 to march 26 1926 that I last saw her alive on march 26 1926 and that death occurred, on the date stated above, at 2 P.M

The CAUSE OF DEATH\* was as follows:  
Paralysis old age  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed Know Dattar M. D.  
may 8, 1926 Address Coakville

\* 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 Board valley C. DATE OF BURIAL 3128 1926

20 UNDERTAKER H. B. Hunter ADDRESS Spartan