

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			STATE OF TENNESSEE	
County	Putnam		STATE OF TENNESSEE B	
Civil Dist.	6th		STATE BOARD OF HEALTH	
OR			Bureau of Vital Statistics	
Village			CERTIFICATE OF DEATH	
OR			2735	
City	Bratherton		Registration District No.	File No.
			Primary Registration District No.	Registered No. 49
			(No. 17, H, 1)	St.; Ward)
2 FULL NAME			Martha Jane Belby	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		
F	W	Married		
6 DATE OF BIRTH				
		(Month)	(Day)	1 (Year)
7 AGE				
abt 78 yrs.		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				
PARENTS				
10 NAME OF FATHER		Thomas Cooper		
11 BIRTHPLACE OF FATHER [State or country]		Tenn		
12 MAIDEN NAME OF MOTHER		Kate Tipton		
13 BIRTHPLACE OF MOTHER [State or country]		Tenn		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
[Informant]		Morton Tipton		
[Address]		Oak Hill Tenn		
15				
Filed		1927		
[Address]		Millieford		
		REGISTRAR		
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH				
		(Month)	(Day)	(Year)
		Jan	26	1929
17 I HEREBY CERTIFY, That I attended deceased from 1-2 1929 to 1-22 1929, that I last saw her alive on 1-22 1929 and that death occurred, on the date stated above, at 67				
The CAUSE OF DEATH* was as follows:				
Labor Pneumonia with delayed resolution				
[Duration] yrs. mos. 24 ds.				
Contributory [SECONDARY] Valvular disease of heart				
[Duration] 4 yrs. mos. ds.				
Signed J. A. Butler M. D.				
2-4 1929 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; state whether or not an operation was performed.				
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		
McNeal Cemetery		1/27-8		
20 UNDERTAKER		ADDRESS		
Belby & Co		City		