

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

2747

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County PutnamCivil Dist. 11OR
VillageOR
CityRegistration District No. 725Primary Registration District No. 11

File No. _____

Registered No. _____

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

2 FULL NAME

Maudie May Cantrell

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 June 27 1880
(Month) (Day) (Year)7 AGE 45 yrs. 8 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER John Taylor11 BIRTHPLACE OF FATHER [State or country] Tenn12 MAIDEN NAME OF MOTHER Emma Cunningham13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filed Jan 28 1929 H.R. Medley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 30 1929
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Jan 23 1928 to Jan 30 1929, that I last saw her alive on Jan 30 1929 and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Influenza 116

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

Signed Samuel Denton M. D.1929 Address Buffalo Valley 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 Interment at Buffalo Valley DATE OF BURIAL Jan 30 192920 UNDERTAKER H.P. Jones ADDRESS B. Valley

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.