

Form S. No. 4-40M. Jan. 25, 1927.

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. 15th

OR Village

OR City Cookeville (No. P. #. 1. St. Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

D.S. 28  
2750

Registration District No. 126

Primary Registration District No. 42215

File No. 31

Registered No.

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

2 FULL NAME Margaret Ann McCulley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7  
4 COLOR OR RACE W  
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Dec 18 33  
(Month) (Day) (Year)

7 AGE old 95 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER William Atkinson

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Alice Webb

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] M. McCulley

[Address] City

15 Filed L.M. Huddleston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 26 1929  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from at one time only in 1928 that I last saw her alive on about Sept. 6, 1928 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows: Senility 164

[Duration] 40 yrs. mos. ds.  
Contributory [SECONDARY] nil  
[Duration] yrs. mos. ds.

Signed J. H. Shipley  
Jan 29 1929 Address Cookeville

State the DISEASE CAUSING DEATH, or, in deaths from Violence, 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  
City Cookeville 1/29 1929  
REGISTRAR ADDRESS  
J. M. Huddleston & Co. City