

1 PLACE OF DEATH

County Putnam

Civil Dist. _____

OR

Village _____

OR

City Monticello

Registration District No. _____

Primary Registration District No. _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

2751

File No. _____

Registered No. _____

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

2 FULL NAME Martha Elizabeth Baggett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH Aug. 21 1847
(Month) (Day) (Year)7 AGE 81 yrs. 5 mos. 21 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 Wesley Calahan11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Rhoda Finley13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W. Baggett[Address] Monticello Tenn15 Filed Jan 23, 1929 Mrs. A. C. Kelluff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 21 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1929 to Jan 21 1929 that I last saw her alive on Jan 21 1929 and that death occurred, on the date stated above, at 7 1/2 M
The CAUSE OF DEATH* was as follows: 30
Cardiac Asthma[Duration] 30 yrs. _____ mos. _____ ds.Contributory [SECONDARY] _____ [Duration] 30 yrs. _____ mos. _____ ds.Signed W. C. Officer M. D.
Address Monticello 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. 3 mos. 5 ds. In the 81 yrs. 5 mos. 21 ds.
Where was disease contracted, if not at place of death? Monticello
Former or usual residence Monticello19 PLACE OF BURIAL OR REMOVAL Putnam DATE OF BURIAL Jan 24 192920 UNDERTAKER W. C. Officer ADDRESS Monticello

Form 4-40M.

WRITING CLEARLY, 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.