

STATE OF TENNESSEE

C.M.

STATE BOARD OF HEALTH
Bureau of Vital Statistics

8798

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Putnam

Civil Dist. 1st.

Village or City Coolsville

Registration District No. 721

Primary Registration District No. 27201

(No. R. # 1 St.; Ward)

File No. _____

Registered No. 11

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

2 FULL NAME Sister Marie Hunter

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE abt 11 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Seth Hunter

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Lala Phy.

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Seth Hunter

[Address] City R. 1

15 Filed April 9 1927 Shelma Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 2 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1927 to March 2 1927 that I last saw her alive on March 1 1927 and that death occurred, on the date stated above, at 5:30 P.M.
The CAUSE OF DEATH* was as follows:
Tumor of Brain

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

Contributory [SECONDARY] _____

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

Signed 3/3 9 City M. D.

* 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 Algood Cemetery DATE OF BURIAL 3/3

20 UNDERTAKER J. C. Whitman & Co ADDRESS City