

Form V. S. No. 4-40M. WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

8811

1 PLACE OF DEATH
 County Putnam
 Civil Dist. 14 Registration District No. 49214 File No. _____
 OR
 Village _____ Primary Registration District No. 14 Registered No. 10
 OR
 City Monterey (No. _____, St.; Ward) _____
 2 FULL NAME Susan Paul
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Write the word)
 6 DATE OF BIRTH Sept 13 1850
 (Month) (Day) (Year)
 7 AGE 78 yrs. 8 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION Retired
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE Kentucky
 (State or country)
 10 NAME OF FATHER John Abbet
 11 BIRTHPLACE OF FATHER Tenn
 [State or country]
 12 MAIDEN NAME OF MOTHER Abbet Wicket
Mizzie
 13 BIRTHPLACE OF MOTHER Tenn
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Susan Paul

[Address] Monterey
 15 Filed Mar 5 1929 Mrs. A. C. Killeffer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb Mar 3 1929
 [Month] [Day] [Year]
 17 I HEREBY CERTIFY, That I attended deceased from Jan 1925 to March 3 1929
 that I last saw her alive on Feb 15 1929
 and that death occurred, on the date stated above, at 9 P M
 The CAUSE OF DEATH* was as follows: 54
Pellagra
 [Duration] 4 yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] yes [Duration] _____ yrs. _____ mos. _____ ds.
 Signed W. S. Killeffer M. D.
Mar 7 1929 Address Monterey 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 10 yrs. _____ mos. _____ ds. In the State 70 yrs. 3 mos. 20 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Monroe Co. (Chilhowe Co.) DATE OF BURIAL 3-5-1929
 20 UNDERTAKER W. S. Killeffer ADDRESS Monterey Tenn