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
CERTIFICATE OF DEATH

8814

1 PLACE OF DEATH

County Putnam

Civil Dist. 8

or Village

or City (No. , St.; Ward)

Registration District No. 47208

Primary Registration District No.

File No. 64

Registered No.

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

2 FULL NAME Unetta Rose Ford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Oct (Month) 14 (Day), 1925 (Year)

7 AGE: 3 yrs. 4 mos. 20 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)

9 BIRTHPLACE (State or country): Putnam County

PARENTS

10 NAME OF FATHER: Jesse Ford

11 BIRTHPLACE OF FATHER [State or country]: DeKalb County

12 MAIDEN NAME OF MOTHER: Bertha Clause

13 BIRTHPLACE OF MOTHER [State or country]: Putnam County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Sam Clause

[Address] Silver Point Tenn

15

Filed 3/10 1929 J. S. Herren REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 4 (Day), 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 25 1929, to March 4, 1929, that I last saw her alive on March 2, 1929 and that death occurred, on the date stated above, at 6.30 PM

The CAUSE OF DEATH* was as follows:

1016

Pneumonia fever

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

Contributory [SECONDARY]

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

Signed Dr Stone, M. D.

, 192 . Address

* 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: Nash's Cemetery

DATE OF BURIAL: March 6 1929

20 UNDERTAKER

ADDRESS