

1 PLACE OF DEATH

County PutnamCivil Dist. 7or
Village _____or
City Cookeville Tenn. R.F. No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

11287

Registration District No. 47204

File No. _____

Primary Registration District No. 7Registered No. 52 FULL NAME Bentha Ann Whitson

(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 married
(Write the word)6 DATE OF BIRTH April 6, 1876
(Month) (Day) (Year)7 AGE 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co., Tenn.10 NAME OF FATHER Bill Fox11 BIRTHPLACE OF FATHER (State or country) Jackson Co., Tenn.12 MAIDEN NAME OF MOTHER Dicy Whitefield13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed May 16, 1929 Ans Jemigan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21, 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 30 1929, to April 21st, 1929, that I last saw her alive on March 30th, 1929, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of the uterus 46Contributory (SECONDARY) _____ (Duration) 2 yrs. mos. ds.(Signed) R. H. Millie, M. D. (Duration) _____ yrs. mos. ds.(Address) Baxter Tenn.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Flymo creek DATE OF BURIAL April 22, 192920 UNDERTAKER H. Jubian ADDRESS Cookeville Tenn.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.