

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.

1 PLACE OF DEATH			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH		
Civil Dist. _____			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village _____			11293		
OR			File No. _____		
City <u>Monterey</u> (No. _____, St. _____, Ward _____)			Registered No. <u>12</u>		
2 FULL NAME <u>Margaret Lucille Pittit</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>	16 DATE OF DEATH <u>April 2 1929</u>		
6 DATE OF BIRTH <u>April 15 1925</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 1 1929</u> to <u>Apr 2 1929</u>		
7 AGE <u>3 yrs. 11 mos. 17 ds.</u>			that I last saw her alive on <u>Apr 2 1929</u>		
8 OCCUPATION _____			and that death occurred, on the date stated above, at <u>7:00 P.M.</u>		
9 BIRTHPLACE <u>Putnam County</u>			The CAUSE OF DEATH* was as follows: <u>Dunk Throat She was exist only 24 hours - perhaps she had meningitis</u>		
10 NAME OF FATHER <u>William Pittit</u>			[Duration] _____ yrs. _____ mos. _____ ds.		
11 BIRTHPLACE OF FATHER _____			Contributory [SECONDARY] _____		
12 MAIDEN NAME OF MOTHER <u>Ellen Lewis</u>			Signed <u>W. H. [unclear]</u> M. D.		
13 BIRTHPLACE OF MOTHER _____			Address <u>Monterey Tenn</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			* 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.		
[Informant] <u>[unclear]</u>			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]		
[Address] <u>City</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
15			Where was disease contracted, if not at place of death? <u>Home</u>		
Filed _____ 1929			Former or usual residence _____		
REGISTRAR _____			19 PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u>		
			DATE OF BURIAL <u>April 3 1929</u>		
			20 UNDERTAKER <u>[unclear]</u>		
			ADDRESS <u>City</u>		