

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 Bureau of Vital Statistics		
Civil Dist. <u>14</u>			CERTIFICATE OF DEATH		
OR Village			Registration District No. <u>47214</u>		
OR City <u>Monterey</u> (No. , St.; Ward)			File No. <u>11295</u>		
Full Name <u>Bertha Annmar Blaylock</u>			Registered No. <u>16</u>		
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 (Write the word) <u>Married</u>	16 DATE OF DEATH <u>April 24</u> , 192 <u>9</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Sept 13</u> , 188 <u>8</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>March 1</u> , 192 <u>9</u> , to <u>April 24</u> , 192 <u>9</u> , that I last saw her alive on <u>April 24</u> , 192 <u>9</u> , and that death occurred, on the date stated above, at <u>11 P</u> M		
7 AGE <u>43</u> yrs. <u>9</u> mos. <u>11</u> ds.	If LESS than 1 day, ... hrs. or ... min.?		The CAUSE OF DEATH* was as follows: <u>Pellagra</u> <u>54</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] ... yrs. ... mos. ... ds.		
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory [SECONDARY] [Duration] ... yrs. ... mos. ... ds.		
10 NAME OF FATHER <u>George Gann</u>			Signed <u>O. H. Meyers</u> M. D.		
11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>			Address <u>Monterey, Tenn</u>		
12 MAIDEN NAME OF MOTHER <u>Sarah Gann</u>			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.		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] At place of death <u>10</u> yrs. <u>1</u> mos. <u>1</u> ds. In the <u>47</u> State <u>Tenn</u> yrs. <u>—</u> mos. <u>—</u> ds. Where was disease contracted, if not at place of death? Former or usual residence <u>Chattanooga, Tenn</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>V. L. Wright</u> (Address) <u>Monterey, Tenn</u>			19 PLACE OF BURIAL OR REMOVAL <u>City</u>		
15 Filed <u>Apr. 25, 1929</u> <u>Mrs. A. C. Killefer</u> REGISTRAR			DATE OF BURIAL <u>April 25, 1929</u>		
			20 UNDERTAKER <u>Blaylock</u>		
			ADDRESS <u>Blaylock</u>		