

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

County Putnam

Civil Dis. 3rd

or Village _____

or City Beathurst Tenn (No. 197)

2 FULL NAME Carolina Miller

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

13629

Registration District No. 47203

File No. _____

Primary Registration District No. _____

Reg. No. _____

St.: _____ Ward _____

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE W 5 Single, Married, Widowed, Divorced, Married.
(Write the word)

6 DATE OF BIRTH _____ (Month) (Day) (Year)

7 AGE abt 30 yrs. mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION (a) Trade profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER John Bohannon

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Josephine Cummings

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Bohannon
(Address) Beathurst Tenn

15 Filed June 4 1929 Mrs. Bryan Hill Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from _____ 19____, to _____ 19____, that I last saw her alive on Sept, 1928 and that death occurred, on the date stated above, at 443

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
31
(Duration) 4 yrs. mos. ds.

Contributory (Secondary) _____ (Duration) _____ yrs. mos. ds.

Signed [Signature] M. D.
May 25 1929 address 443

*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 Good Spring Church DATE OF BURIAL 5/21/29
20 UNDERTAKER John Whitson & Co ADDRESS Cookville