

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. 1st
 or
 Village _____
 or
 City City (No. 1; 4)
 2 FULL NAME Mrs. Menerna Rice

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

18334

Registration District No. 721
 Primary Registration District No. 27201
 St.; _____ Ward)

File No. _____
 Reg. No. 41

(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, or Divorced Married
 6 DATE OF BIRTH _____, 1 _____ (Year)
 (Month) (Day)

7 AGE abt 76 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Henry Gumble

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Abbie Moyard

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Rice
 (Address) City

15 Filed Aug 11 1929 Thelma Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from _____ 19____, to _____ 19____, that I last saw h_____ alive on _____, 19____ and that death occurred, on the date stated above, at 4A-M

The CAUSE OF DEATH* was as follows: Fractured Hip
201

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

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

Signed Ray Dyer M. D. address Clarksville

*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 Wood Street yard DATE OF BURIAL 7/8 1929

20 UNDERTAKER Jessie Whitehead Co ADDRESS City