

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.

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| 1 PLACE OF DEATH | | | STATE OF TENNESSEE | | |
| County <u>Putnam</u> | | | STATE BOARD OF HEALTH | | |
| Civil Dis. <u>1</u> | | | Bureau of Vital Statistics | | |
| or Village _____ | | | CERTIFICATE OF DEATH | | |
| or City <u>City</u> | | | Registration District No. <u>121</u> | | |
| | | | Primary Registration District No. <u>27201</u> | | |
| | | | (No. <u>1008</u> , <u>2</u> <u>Block</u> , St.; _____ Ward) | | |
| 2 FULL NAME <u>Mrs Susan Mary Guoches</u> | | | File No. _____ | | |
| | | | Reg. No. <u>44</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>7</u> | 4 COLOR OR RACE <u>W</u> | 5 Single <u>Married</u> Widowed or Divorced (Write the word) | 16 DATE OF DEATH <u>July 31</u> 19 <u>24</u> (Month) (Day) (Year) | | |
| 6 DATE OF BIRTH _____ 1 _____ (Month) (Day) (Year) | | | I HEREBY CERTIFY, that I attend deceased from <u>July 25</u> 19 <u>24</u> , to <u>July 31</u> 19 <u>24</u> , that I last saw <u>her</u> alive on <u>July 31</u> 19 <u>24</u> and that death occurred, on the date stated above, at <u>6 a</u> M | | |
| 7 AGE <u>82</u> | If LESS than 1 day, ___ hrs. or ___ min.? | | The CAUSE OF DEATH* was as follows: <u>Senility</u> | | |
| 8 OCCUPATION (a) Trade profession or particular kind of work <u>Housework</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) _____ | | |
| PARENTS | 10 NAME OF FATHER <u>James Guoches</u> | | Signed, <u>CP Martini</u> _____ M. D. _____, 19 <u>24</u> address <u>City</u> | | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</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. | | |
| | 12 MAIDEN NAME OF MOTHER <u>Mary Simpson</u> | | 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 _____ | | |
| | 13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u> | | 19 PLACE OF BURIAL OR REMOVAL <u>City, Putnam</u> DATE OF BURIAL <u>8/1</u> 19 <u>24</u> | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. J. Guoches</u> (Address) _____ | | | 20 UNDER-TAKER <u>Putnam Co</u> ADDRESS <u>City</u> | | |
| 15 Filed <u>Aug 11</u> 19 <u>24</u> <u>Shelma Moore</u> Registrar | | | | | |