

Form S. No. 4-40M.

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 Culman
 Civil Dist. 152
 OR
 Village
 City Monteury (No. _____, St. _____, Ward _____)
 2 FULL NAME Bernlia Elizabeth Welch

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH 20724
 File No. _____
 Registration District No. _____
 Primary Registration District No. _____
 Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

6 DATE OF BIRTH Sept - 24 1893
 (Month) (Day) (Year)

7 AGE 35 yrs. 10 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Culman Co

PARENTS

10 NAME OF FATHER Thomas Ford

11 BIRTHPLACE OF FATHER (State or country) Culman Co

12 MAIDEN NAME OF MOTHER Margaret Myrtle

13 BIRTHPLACE OF MOTHER (State or country) Culman Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Bud Welch
 [Address] Monteury In

15
 Filed _____ 1927
M. Juddleston
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 15 1929 to July 15 1929 that I last saw her live on July 14 1929 and that death occurred, on the date stated above, at 9:25 M
 The CAUSE OF DEATH* was as follows: 31
Tuberculosis of bowels
 [Duration] 2 yrs. _____ mos. _____ ds.

Contributory [SECONDARY] Bulmonary TB
 [Duration] 14 yrs. _____ mos. _____ ds.

Signed W. J. Wofford M. D.
July 18 1929 Address Monteury In

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT DEATHS, 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 37 yrs. 10 mos. 22 ds.
 Where was disease contracted, if not at place of death? Home
 Former or usual residence 50 East Culman City

19 PLACE OF BURIAL OR REMOVAL Monteury DATE OF BURIAL July - 15 - 1929
D. Smith ADDRESS City

20 UNDERTAKER