

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.

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

22908

1 PLACE OF DEATH
County Putnam
Civil Dis. 4
or Village Ratuscraft #1
or City _____ (No. _____ St.; _____ Ward)
Registration District No. 49204
Primary Registration District No. 4
File No. _____
Reg. No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ada Kerby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or divorced single
(Write the word)

6 DATE OF BIRTH Oct 10 1908
(Month) (Day) (Year)

7 AGE 20 yrs. 11 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade profession or particular kind of work Farmer's daughter
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Gather Kerby

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mestle Kerby

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from July 3 1929, to Sept 17 1929, that I last saw her alive on Sept 2 1929, and that death occurred, on the date stated above, at 6 P M
The CAUSE OF DEATH* was as follows: Persistent Anemia 580

(Duration) ___ yrs. ___ mos. ___ ds.

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

Signed Wesley S. Sutton M. D.
Sept 19 1929 address Ratuscraft #1

*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 Glade Spring County DATE OF BURIAL 9/18 1929

20 UNDERTAKER H. B. Hunter ADDRESS Sparta

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Gather Kerby
(Address) Ratuscraft #1

15 Filed Sept 16 1929 Mrs J. S. Trapp Registrar