

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

22921

1 PLACE OF DEATH
County Pickett
Civil Dis. 17th
or
Village
or
City Palmer Point
2 FULL NAME Alysa McCulley

Registration District No. 47217
Primary Registration District No. 17
(No. 19 St. FF 3 Ward)

File No. _____
Reg. No. 6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, Divorced <u>Married</u>
6 DATE OF BIRTH _____, _____, 1____ (Month) (Day) (Year)		
7 AGE <u>75</u> yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?		
8 OCCUPATION (a) Trade profession or particular kind of work <u>House work.</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>Dont Know</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Hanna Oaks</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 25 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from March 8th 1929, to Sept 25th 1929, that I last saw her alive on Sept 2nd 1929 and that death occurred, on the date stated above, at 2:30 AM

The CAUSE OF DEATH* was as follows:
Organic heart disease 90

(Duration) 4 yrs. _____ mos. _____ ds.

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

Signed RA McCulley M. D.
Sept 25th 1929 address Palmer Tenn

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laura McCulley
(Address) Palmer Point Tenn

15 Filed Sept 25 1929 Mizell Duke Registrar

19 PLACE OF BURIAL OR REMOVAL Smelley Cemetery DATE OF BURIAL 9/25 1929

20 UNDERTAKER Frederickson & Co ADDRESS Cockfield Tenn

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.