

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

27593

1 PLACE OF DEATH  
County PutnamCivil Dis. 12Village \_\_\_\_\_  
or \_\_\_\_\_City \_\_\_\_\_  
or \_\_\_\_\_Registration District No. 724Primary Registration District No. 724

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Reg. No. 15

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

2 FULL NAME Margrett Watts

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or divorced (Write the word) Married6 DATE OF BIRTH July 12 1862  
(Month) (Day) (Year)7 AGE 67 yrs. 4 mos. 11 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?8 OCCUPATION (a) Trade profession or particular kind of work N.E.V. (b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Thomas Roberts11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Susan Watts13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Winnie W. Olliver(Address) P.O. 981 - Nashville Tenn

15

Filed 11/30 1929 O. J. Cole Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 23 1929  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attend deceased from May 15 1928 to Oct. 15 1929, that I last saw her alive on Oct. 15 1929 and that death occurred, on the date stated above, at 10 AMThe CAUSE OF DEATH\* was as follows: 54Pellagra(Duration) 2 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ mos. \_\_\_ ds.

Signed Thayer S. Horton, M.D. 11/26 address Indemore St.

\*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 DATE OF BURIAL

Family Cemetery 11-24-1929

20 UNDERTAKER ADDRESS

Barry H. Hays Goodville

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.