

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

27607

1 PLACE OF DEATH
County Putnam
Civil Dis. #20
or
Village _____
or
City Bepton R (No. 2, _____ St.; _____ Ward)Registration District No. 47220File No. 11

Primary Registration District No. _____

Reg. No. _____

2 FULL NAME Bettie Gentry Elmore

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE w 5 Single, Married, Widowed, or divorced married
(Write the word)6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 36 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade profession or particular kind of work Nurse wife
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Putnam Co10 NAME OF FATHER John Gentry11 BIRTHPLACE OF FATHER (State or country) Putnam Co12 MAIDEN NAME OF MOTHER Jessie Murrell13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. A. Elmore(Address) Bepton R 215 Filed _____ 19 _____
A. J. Ludd
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 7 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attend deceased from July 3 1929 to July 6, 1929 that I last saw her alive on July 6, 1929 and that death occurred, on the date stated above, at 5AMThe CAUSE OF DEATH* was as follows: 31Tuberculosis

Contributory (Secondary) _____

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

Signed R. H. Miles, M. D.

19 _____ address

*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 _____ 19 _____

20 UNDERTAKER

ADDRESS _____

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.