

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 White
 Civil Dist. 9
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 944
 Primary Registration District No. 9

File No. 2
 Registered No. 2

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

2 FULL NAME Lucy Cunningham

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>Apr</u> , <u>22</u> , 18 <u>49</u> (Month) (Day) (Year)		
7 AGE <u>64</u> yrs. <u>8</u> mos. <u>17</u> ds.		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>House keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>White Tenn</u>		
PARENTS	10 NAME OF FATHER <u>Henry Edler</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Virginia</u>	
	12 MAIDEN NAME OF MOTHER <u>Masey</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
 (Address) _____

15

Filed _____, 1914

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 19, 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1914, to Jan 19, 1914, that I last saw her alive on Jan 19, 1914, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Grappal Pneumonia

Contributory (SECONDARY)

(Signed) Augustus A. Bradley M. D.
Jan 19, 1914 (Address) Sparks Tenn Post?

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Graveyard Jan 20, 1914

20 UNDERTAKER

ADDRESS