

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

2222

1 PLACE OF DEATH

County White

Civil Dist. 14

Village Bon Air

City Bon Air

Registration District No. 945

Primary Registration District No. 14

File No. _____

Registered No. 1

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

2 FULL NAME

Peggy Ann Maybe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Don't know
(Month) (Day) (Year)

7 AGE About 50 yrs. mes. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Miner
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE Tenn
(State or country)

10 NAME OF FATHER Mack Hutchings

11 BIRTHPLACE OF FATHER Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Nancy Cooke

13 BIRTHPLACE OF MOTHER Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Eseo Maybe
[Address] Bon Air Tenn

15 Mary L Cameron
REGISTRAR

Filed _____ 191_____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 1 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Jan 1 1927, that I last saw her alive on Jan 1 1927 and that death occurred, on the date stated above, at 9 P M

The CAUSE OF DEATH* was as follows: apoplexy
was sick only 4 hours

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed E. B. Clark M. D.

191_____ Address Bon Air Tenn

* 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 New Hope Cemetery DATE OF BURIAL Jan 2 1927

20 UNDERTAKER Goodwin & Pennington ADDRESS Sparta Tenn

MARGIN RESERVED FOR BINDING
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.