

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. 13
 OR
 Village Ravenscraft
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

11788

Registration District No. 945
 Primary Registration District No. 13

File No. _____

Registered No. 9

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

2 FULL NAME Mary Ida Bennett

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 March 19 181877
 (Month) (Day) (Year)

7 AGE 50 yrs. 2 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Jeff Bradford

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Dora Hase

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mertle Bennett

[Address] Ravenscraft, Tenn

15 Filed _____ 1927 Mary L Cannon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 26 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 2 1927, to May 26 1927, that I last saw her alive on May 26 1927 and that death occurred, on the date stated above, at 4 M

The CAUSE OF DEATH* was as follows: Dysentery

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ ds.

Signed Vernon S. Fulton M. D.

May 28 1927 Address Ravenscraft, 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 Highland Cemetery DATE OF BURIAL 5/27 1927

20 UNDERTAKER H B Nantz ADDRESS Sporth