STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 14262

1. PLACE OF DEATH

County White
Civil Dist. 3rd
or Village Doyle
or City (No. , St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 943 File No. 28
Primary Registration District No. Registered No. 28

2 FULL NAME Martha Jane Webster

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): [illegible]

6 DATE OF BIRTH: Jan (Month) 11 (Day) 1850 (Year)

7 AGE: 77 yrs. 6 mos. 9 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): White Co

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER [State or country]

12 MAIDEN NAME OF MOTHER: Miss Dowces

13 BIRTHPLACE OF MOTHER [State or country]: White Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Anson Phifer
[Address] Quebeck R1 Tenn

15 Filed July 5 1927 Mrs T. B. Sparkman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June [Month] 20 [Day] 1927 [Year]

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 15 1927, to [illegible] 20 1927, that I last saw h... alive on ... 192..., and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

49

Carcinoma of Blader
[Duration] yrs. mos. ds.

Contributory [SECONDARY]
[Duration] yrs. mos. ds.

Signed H. Z. Ausban M. D.
6-21 1927 Address Doyle Tenn

* 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: Anderson
DATE OF BURIAL: 6-21 1927

20 UNDERTAKER: G W Angel
ADDRESS: Doyle Tenn