

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 Clifty
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

19195

CERTIFICATE OF DEATH

Registration District No. 945
 Primary Registration District No. 13

File No. _____

Registered No. 20

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

2 FULL NAME Louise Morgan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 17 1926
 (Month) (Day) (Year)

7 AGE 1 yrs. 2 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER A.L.Morgan

11 BIRTHPLACE OF FATHER [State or country] West Va

12 MAIDEN NAME OF MOTHER Ida.Simpson

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] C.B.Winton
 [Address] Clifty.Tenn

15

Filed 192 Mary L Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 23 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21 1927 to 23 1927, that I last saw h..... alive on Aug 22 1927 and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH* was as follows:
Diphtheria

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

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

Signed W. M. Johnson M. D.
9-9-1927 Address Shasta, T.

* 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 Clifty Cemetry DATE OF BURIAL 8/24 1927

20 UNDERTAKER W. D. Nantz ADDRESS Shasta