

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

431

1 PLACE OF DEATH
County Warren
Civil Dist. 1st
or
Village Algood R 2
or
City _____ (No. _____, St.; _____ Ward)Registration District No. HG 801
Primary Registration District No. 1File No. _____
Registered No. _____

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

2 FULL NAME Eli Sabeth Catherine Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED unwed
(Write the word)6 DATE OF BIRTH Nov 11, 1939
(Month) (Day) (Year)7 AGE 79 yrs. 5 mos. 16 ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER James Moore11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Missie Phillips13 BIRTHPLACE OF MOTHER (State or country) North Carolina14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Swallow
(Address) Algood15 _____
(Address) _____16 _____
Filed _____, 1941 M. E. Judd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 27, 1941
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 1939, to Apr, 1941, that I last saw her alive on March 20, 1941, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
31
(Duration) 10 yrs. ____ mos. ____ ds.Contributory Suppuration
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.(Signed) J. L. Moore, M. D.
Apr 27, 1941. (Address) Algood

*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?
Farmer or usual residence _____19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL 4-28, 194120 UNDERTAKER Hark & Painter ADDRESS Algood

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PAPER SPECIALLY DESIGNED FOR BINDING

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.