

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.

1 PLACE OF DEATH

County mesian
Civil Dist. 128
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

18229

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME Carrie Burgess

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 8 1, 1894
(Month) (Day) (Year)

7 AGE 77 yrs. 0 mos. 9 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) Coakville Tenn

10 NAME OF FATHER Ernoch Greene

11 BIRTHPLACE OF FATHER (State or country) north carolina

12 MAIDEN NAME OF MOTHER Elizabeth Adams

13 BIRTHPLACE OF MOTHER (State or country) north carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B F Danner

(Address) R#2 Algood Tenn

15 Filed _____, 1921 H. C. Swallow

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 10, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-28 1931, to 8-10, 1931, that I last saw her alive on 8-9, 1931 and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:
Acute Septo-meningitis

(Duration) _____ yrs. _____ mos. 13 ds.

Contributory (SECONDARY) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. A. Butler M. D.

_____, 1931 (Address) Algood 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 Dodsons Chapel DATE OF BURIAL 8-11-1931

20 UNDERTAKER _____ ADDRESS _____