Size 8½ x 7¼

MARGIN RESERVED FOR BINDING

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

Form V. S. No. 4

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

7095

1. PLACE OF DEATH

County Grainger

Civil Dis. 12

or Village

or City Garland (No. ....., ... St.; ..... Ward)

Registration District No. 857 File No. .....

Primary Registration District No. 12 Reg. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Bula Dixon Baird

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	white	wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Don't Know

FATHER

13. NAME L. R. Dixon

14. BIRTHPLACE (city or town) (State or country) Haywood Co

MOTHER

15. MAIDEN NAME Miss Lottie Johnson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT (Address) J. S. Dixon Stanton R 1

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ....., 19....

19. UNDERTAKER Kincaid

(Address) Maynardville

20. FILED March 8, 1931 Mrs. J. P. O'neal

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15 , 1931

22. I HEREBY CERTIFY, That I attended deceased from March 19 34

19 31 to March 15 , 19 31

I last saw h[illegible] alive on March 15 , 19 31 , death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral Hemorrhage -	
Pneumonia	
Contributory causes of importance not related to principal cause:	10 1 p

Name of operation — Date of —

What test confirmed diagnosis? Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. C. Mcinnis M. D.

(Address) Corryton, Tenn.