

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every entry 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 Benton Co.
Civil Dis. _____
or
Village Jack Tim
or
City _____ (No. _____, St.; _____ Ward)

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

15136

File No. 4
Reg. No. 4

Registration District No. 403/2
Primary Registration District No. 12

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 Elizabeth Mitchell
(a) Residence: No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F. M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) _____				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>about 98</u>				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>				
13. NAME <u>Farp</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>				
15. MAIDEN NAME <u>Mrs. Tim</u>				
16. BIRTHPLACE (city or town) (State or country) _____				
17. INFORMANT (Address) _____				
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19 _____				
19. UNDERTAKER <u>Brown & Jindus</u> (Address) <u>London, Tenn</u>				
20. FILED <u>Aug 9</u> , 19 <u>30</u> . <u>C. C. Halliday</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>7-14-30</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____	
I last saw h. _____ alive on _____, 19 _____, death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance in order of onset were as follows: <u>No attending physician</u>	
Contributory causes of importance not related to principal cause: <u>2056</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
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? _____ If so, specify _____ (Signed) <u>Eliza Mitchell</u> (Address) <u>Jack Tim</u>	