

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.

1. PLACE OF DEATH					STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH		24492	Dr. Jonathan Burdette
County	Benton, 0304				Registration District No. 0304		File No.	
Civil Dis.	4 tw.				Primary Registration District No.		Reg. No.	6
Village	Candor				City (No. .... St.; .... Ward)		If a War Veteran, fill out blank below.	
City	Tenn.				(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.		
2. FULL NAME					Mrs. Emma Hedge.			
(a) Residence: No.					Ward.		(Give War and Military Organization)	
					(Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH (month, day, and year)			
F.	W.	Married			11/23, 1937			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from 1917, to 11-23, 1937			
6. DATE OF BIRTH (month, day, and year)					I last saw <input checked="" type="checkbox"/> alive on 11-20, 1937, death is said to have occurred on the date stated above, at 5:00 p.m.			
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	The principal cause of death and related causes of importance in order of onset were as follows:			
57					Gastric cancer Intestines			
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.					Contributory causes of importance not related to principal cause: 48			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Name of operation: None Date of: _____			
10. Date deceased last worked at this occupation (month and year)					What test confirmed diagnosis? _____ Was there an autopsy? <input checked="" type="checkbox"/>			
11. Total time (years) spent in this occupation					23. If death was due to external causes (violence) fill in also the following:			
12. BIRTHPLACE (city or town) (State or country)					Accident, suicide, or homicide? _____ Date of injury: _____ 19____			
How long in U. S. if of foreign birth? Yrs. Mos. ds.					Where did injury occur? _____ (Specify city or town, county, and State)			
13. NAME					Specify whether injury occurred in industry, in home, or in public place.			
14. BIRTHPLACE (city or town) (State or country)					Manner of injury: _____			
15. MAIDEN NAME					Nature of injury: _____			
16. BIRTHPLACE (city or town) (State or country)					24. Was disease or injury in any way related to occupation of deceased? <input checked="" type="checkbox"/>			
17. INFORMANT					If so, specify _____ (Signed) _____ M. D.			
18. BURNING, CREMATION, OR REMOVAL					(Address) _____			
Place _____ Date 11/24, 1937								
19. UNDERTAKER								
20. FILED								