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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

2453

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Campbell

Civil Dist. 18

OR Village

OR City Buena Vista

Registration District No. 15

Primary Registration District No. 15

File No.

Registered No.

(No. , St.; Ward)

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

2 FULL NAME Gennettie Temple

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov. (Month) 25 (Day) 1929 (Year)

7 AGE: yrs. 2 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: Richard B. Temple

11 BIRTHPLACE OF FATHER [State or country]: Ky

12 MAIDEN NAME OF MOTHER: Lydia J. Norwood

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] R. E. Norwood

[Address] Buena Vista Tenn

15

Filed Feb 15 1930 L. D. Humphrey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 29 (Day) 1930 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1930 to Jan 29 1930, that I last saw h[illegible] alive on Jan 29 1930 and that death occurred, on the date stated above, at 3 30 M

The CAUSE OF DEATH* was as follows: 205b

Do Not Know

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed L D Humphrey M. D.

Feb. 15 1930 Address Buena Vista Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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: Oak Grove Cem. DATE OF BURIAL: Jan 30 1930

20 UNDERTAKER: R. E. Norwood ADDRESS: Buena Vista Tenn