

1 PLACE OF DEATH

County BentonCivil Dist. 5th Dis.or
Village Camdenor
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 37File No. 85

Primary Registration District No. _____

Registered No. _____

2 FULL NAME Camille Webb

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH January 26, 1892
(Month) (Day) (Year)7 AGE 26 yrs. 5 mos. 9 ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Benton Co. Tenn.10 NAME OF FATHER J. H. Pale11 BIRTHPLACE OF FATHER (State or country) Benton Co. Tenn.12 MAIDEN NAME OF MOTHER Hill Mitchell13 BIRTHPLACE OF MOTHER (State or country) Benton Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Webb(Address) Camden Tenn.15 July 6, 1918Filed July 6, 1918 at E. Bienn

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 4, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 10 1918, to July 4, 1918, that I last saw her alive on July 4, 1918, and that death occurred, on the date stated above, at 9 m.The CAUSE OF DEATH* was as follows:
S. B. of lungs 31

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) _____
(Duration) ____ yrs. ____ mos. ____ ds.(Signed) W. P. McCall, M. D.
July 4, 1918 (Address) Camden 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 Cross Roads DATE OF BURIAL July 6, 191820 UNDERTAKER A. E. Bienn ADDRESS Camden Tenn.

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 exactly the 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.