

WHILE 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.

1 PLACE OF DEATH

County Stewart Co
Civil Dist 6
OR
Village Cumb. City
OR
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

7953

CERTIFICATE OF DEATH

Registration District No. 823
Primary Registration District No. _____
St.; _____ Ward

File No. _____

Registered No. 24

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

2 FULL NAME Laura Cashion

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

6 DATE OF BIRTH Feb 2 1873
(Month) (Day) (Year)

7 AGE 53 yrs. 1 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Stewart Co

10 NAME OF FATHER Lucas Walker

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Durham

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Jack Pully
[Address] Cumb. City

15 Filed 1926 7.2. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 22 1926
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 5 1926 to Mar 22 1926, that I last saw her alive on Mar 21 1926 and that death occurred, on the date stated above, at 7.9 M

The CAUSE OF DEATH* was as follows: Influenza

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory ~~to~~ Acute nephritis
[SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed W. C. Martin M. D.
Mar 24 1926 Address Cumb. City

* 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 _____ DATE OF BURIAL _____ 1926

20 UNDERTAKER S. E. Bradford ADDRESS Cumb. City