

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

56

## 1 PLACE OF DEATH

County MadisonCivil Dist. 1or  
Villageor  
City Bolivar Tenn

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME Mrs Maggie Gillett

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
(Write the word)6 DATE OF BIRTH Don't know  
(Month) (Day) (Year)7 AGE 71 yrs. mos. ds. IF LESS than 1 day, .... hrs. or .... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Don't know  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Don't know

10 NAME OF FATHER " "

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Records of Hospital(Address) Bolivar Tenn

15

File No. 427, 1918REGISTRAR G. M. ...

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 27, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1918, to Feb 27, 1918, that I last saw her alive on Feb 26, 1918, and that death occurred, on the date stated above, at 6 a.m.The CAUSE OF DEATH\* was as follows: 90Acute Regurgitation  
Sudden death  
(Duration) 3 yrs. mos. ds.Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. mos. ds.(Signed) W. L. ..., M. D.  
Feb 27, 1918 (Address) Bolivar 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 8 yrs. mos. ds. In the State \_\_\_\_\_ yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence Memphis Tenn19 PLACE OF BURIAL OR REMOVAL MemphisDATE OF BURIAL \_\_\_\_\_, 191...20 UNDERTAKER Dr Carran & CoADDRESS Bolivar

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.