

## 1 PLACE OF DEATH

County BentonCivil Dist. 14

Village \_\_\_\_\_

City Canaan (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 40314File No. 3Registration District No. 403Registered No. 3

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

2 FULL NAME Martha Munnery

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_6 DATE OF BIRTH \_\_\_\_\_, 1844 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)7 AGE 72 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Benton Co. Tenn10 NAME OF FATHER Johnston Jordan11 BIRTHPLACE OF FATHER (State or country) Benton Co. Tenn12 MAIDEN NAME OF MOTHER Rebecca Ann

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. J. Munnery  
(Address) Canaan Tenn15 Filed 17 Dec 1914 H. J. Smith REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH DEC 15, 1914  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 1913, to Dec 15, 1914, that I last saw her alive on \_\_\_\_\_, 1913, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH \* was as follows:

anemia & heart failure(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_

(Signed) F. H. Hudson, M. D.  
Dec 16, 1914 (Address) Canaan 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 3rd Dist. Benton Co. Tenn19 PLACE OF BURIAL OR REMOVAL Shiloh DATE OF BURIAL 17 - 14, 191420 UNDERTAKER H. E. Pinner ADDRESS Canaan Tenn