

M. 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 Benton
 Civil Dist. 4
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

153

Registration District No. 40204
 Primary Registration District No. _____

File No. 1

Registered No. 40204

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Marthy E. Norden

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4 15, 1868
(Month) (Day) (Year)

7 AGE 49 7 28 If LESS than 1 day, _____ hrs. or _____ min.?
Yrs. Mos. Ds.

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) Tenn

10 NAME OF FATHER Parley Melton

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Eveline Pinkerton

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) N. B. Melton
 (Address) Buena Vista Tenn

15 12/19
 Filed _____, 1917 Tenn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 18, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 27, 1916, to Oct 16, 1917, that I last saw her alive on Oct 16, 1917, and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:
Pellagra 54

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. J. ..., M. D. _____, 1917 (Address) Hulladay 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 Pleasant Hill DATE OF BURIAL 12/19, 1917

20 UNDERTAKER John Norden ADDRESS Hulladay Tenn