

## 1 PLACE OF DEATH

County BentonCivil Dist. 3rd

Village \_\_\_\_\_

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

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 40303

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

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

Registered No. 22 FULL NAME Pollie Lizzie Bethe Cole

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

## 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 Oct 10, 1847  
(Month) (Day) (Year)7 AGE 71 yrs. 9 mos. 8 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) good9 BIRTHPLACE (State or country) Camden Benton Tenn10 NAME OF FATHER C.S. Mitchell11 BIRTHPLACE OF FATHER (State or country) Benton Co12 MAIDEN NAME OF MOTHER dont know13 BIRTHPLACE OF MOTHER (State or country) dont know14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Logan Cole(Address) Camden Tenn15 Filed 7-28, 1919 Baumgardner  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18, 1919  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 1st 1919, to July 18, 1919, that I last saw her alive on July 18, 1919, and that death occurred, on the date stated above, at 80 m.The CAUSE OF DEATH\* was as follows:  
Multiple carcinoma  
involving stomach, lungs &  
zincus of placenta  
(Duration) .... yrs. .... mos. .... ds. 44Contributory (SECONDARY) \_\_\_\_\_  
(Duration) .... yrs. .... mos. .... ds.(Signed) James M. Smith, M. D.  
Aug 4, 1919 (Address) Camden

\*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 Family graveyard DATE OF BURIAL July 19, 191920 UNDERTAKER Hue Bivins 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 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.