

Form V. S. No. 4-40M.

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.

1 PLACE OF DEATH

County Benton Co.

Civil Dist. I4

Village

City

Registration District No. 40314

Primary Registration District No.

(No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

7739

File No. 65

Registered No.

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

2 FULL NAME Sallie Allen

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept. 15 1863
(Month) (Day) (Year)

7 AGE 75 If LESS than 1 day, hrs. or min.?
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Benton Co.

10 NAME OF FATHER C. Mitchell

11 BIRTHPLACE OF FATHER (State or country) Benton Co.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] H. C. Crawford

[Address] Cumler

15 Filed 4/11 1928

H. E. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-11 1928
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192, that I last saw h..... alive on 192 and that death occurred, on the date stated above, at..... M The CAUSE OF DEATH* was as follows: 205 b

Contributory [SECONDARY] [Duration] yrs. mos. ds. Signed..... M. D.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Cemetery DATE OF BURIAL 4/12
20 UNDERTAKER Brown & Lindsay Cumler ADDRESS