

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

OCCUPATION MOTHER FATHER

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | | | |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH County <u>Benton Co.</u> Civil Dis. <u>5th</u> or Village <u>Camden, Tenn</u> or City (No. _____, St.; Ward _____) <small>(If death occurred in a hospital or institution, give its NAME instead of street and number)</small> | | | | | | STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH File No. _____ Reg. No. _____ | |
| 2. FULL NAME <u>Sarah Ann Johnson</u> (a) Residence: No. _____ St. _____ Ward _____ <small>(Usual place of abode) (If nonresident give city or town and State)</small> | | | | | | 21. DATE OF DEATH (month, day, and year) <u>June 6, 1930</u> | |
| 3. SEX <u>F. M.</u> | | | | 4. COLOR OR RACE <u>white</u> | | 22. I HEREBY CERTIFY, That I attended deceased from <u>May 28, 1929</u> 19 _____ to <u>June 6, 1930</u> I last saw <u>SR</u> alive on <u>1929</u> , 19 _____, death is said to have occurred on the date stated above, at _____ m. | |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> | | The principal cause of death and related causes of importance in order of onset were as follows: <u>Hemorrhage, due to carcinoma of jaw and neck. All blood vessels of neck were destroyed.</u> Contributory causes of importance not related to principal cause: <u>and death was due to Loss of Blood.</u> | |
| 6. DATE OF BIRTH (month, day, and year) <u>June 8th 1843</u> | | | | 7. AGE Years <u>77</u> Months <u>11</u> Days <u>28</u> If LESS than 1 day, _____ hrs. or _____ min. | | Date of onset <u>48</u> | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 11. Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u> | | | | | | Name of operation <u>None</u> Date of _____ | |
| 13. NAME <u>Mark Cole</u> | | | | | | What test confirmed diagnosis? _____ Was there an autopsy? _____ | |
| 14. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u> | | | | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____ Where did injury occur? _____ <small>(Specify city or town, county, and State)</small> Specify whether injury occurred in industry, in home, or in public place. | |
| 15. MAIDEN NAME <u>COX</u> | | | | | | Manner of injury _____ Nature of injury _____ | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u> | | | | | | 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ | |
| 17. INFORMANT <u>Dr. Johnson</u> (Address) <u>Camden Tenn</u> | | | | | | (Signed) <u>James M. Gray Jr.</u> M. D. (Address) <u>Camden</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>ROSS road</u> Date <u>of 6, 1930</u> | | | | | | | |
| 19. UNDERTAKER <u>Sivens & Lindsey</u> (Address) <u>Camden, Tenn</u> | | | | | | | |
| 20. FILED <u>6-7-30</u> <u>High</u> <u>Blunt</u> Registrar. | | | | | | | |