Size 8½ x 7¼

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

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.

1. PLACE OF DEATH

County Carroll 916

Civil Dis. 16 916

or Village 916

or City .....

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

4989

Registration District No. 4916 File No. 10

Primary Registration District No. 16 Reg. No. 380

(No. ....., ... St.; ..... Ward)

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Virginia Boyd Fridlow 622

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W F Fridlow

6. DATE OF BIRTH (month, day, and year): Nov. 30 - 1879

7. AGE: Years 56 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Tenn

FATHER

13. NAME: Edward T Boyd

14. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER

15. MAIDEN NAME: Margaret Elkins

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): W F Fridlow Rowland Rock Tenn

18. BURIAL, CREMATION, OR REMOVAL Place: Pumpkin Cem Date: 3-19 1935

19. UNDERTAKER (Address): R F Duff Huntingdon Tenn

20. FILED Mar. 19 1935 L L Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATH OF DEATH (month, day, and year): 3-18 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1935 to Mar 18 1935

I last saw her alive on Mar 18, 1935, death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Lobar Pneumonia	3-16-35
Contributory cause of importance not related to principal cause:	
Influenza	3-10-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L L Hamilton M. D.

(Address) Huntingdon Tenn