

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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Benton</u> Civil Dis. <u>5th</u> Village <u>Camden</u> 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		Dr. J. T. Berry 13686 File No. Reg. No.	
2. FULL NAME <u>Lola Plufer</u> (a) Residence: No. St., Ward. <small>(Usual place of abode) (If nonresident give city or town and State)</small>				Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. if of foreign birth?..... yrs..... mos..... ds.	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>July 11</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widowed</u>		6. DATE OF BIRTH (month, day, and year) <u>Jan 17, 1902</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>July 10</u> , 19 <u>32</u> , to <u>July 10</u> , 19 <u>32</u> . I last saw <u>her</u> alive on <u>July 10</u> , 19 <u>32</u> , death is said to have occurred on the date stated above, at <u>1 P.</u> m.	
7. AGE Years <u>29</u> Months <u>5</u> Days <u>24</u> If LESS than 1 day, hrs. or min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		The principal cause of death and related causes of importance in order of onset were as follows: <u>Typhoid fever</u> Date of onset <u>6-25-32</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u>		13. NAME <u>Arzo Horwood</u>		Contributory causes of importance not related to principal cause: <u>Bowel hemorrhage 7-11-32</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u>		15. MAIDEN NAME <u>Tom Abbot</u>		Name of operation..... Date of.....	
16. BIRTHPLACE (city or town) (State or country) <u>Bentall Co.</u>		17. INFORMANT (Address) <u>Arzo Horwood</u> <u>Camden</u>		What test confirmed diagnosis?..... Was there an autopsy?.....	
18. BURIAL, CREMATION, OR DISPOSAL Place <u>Cross Roads</u> Date <u>July 12</u> , 19 <u>32</u>		19. UNDERTAKER (Address) <u>Begins & Lindsay</u> <u>Camden</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.	
20. FILED <u>8/1/32</u> , 19 <u>32</u> <u>W. E. Evans</u> Registrar.		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify..... (Signed) <u>L. E. J. Weather</u> M. D. (Address) <u>Benton</u>		Manner of injury..... Nature of injury.....	