MARGIN RESERVED FOR BINDING

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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 304011 File No. 520
Primary Registration District No. 4 Registered No. 2

1 PLACE OF DEATH
County Benton
Civil Dist. 4th
or Village Camden Tn
or City R. 3 (No. , St.; Ward)

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

2 FULL NAME Hettie Ann Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow
6 DATE OF BIRTH: Apr 5 (Month) 5 (Day) 1905 (Year)
7 AGE: 17 yrs. 7 mos. 7 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):
9 BIRTHPLACE (State or country): Tenn

PARENTS
10 NAME OF FATHER: James E Hale
11 BIRTHPLACE OF FATHER [State or country]: Tenn
12 MAIDEN NAME OF MOTHER: Amanda J. Bond
13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant]
[Address]

15 Filed 11/13 1922 R. C. Hedges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 12 (Month) (Day) 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1922, to Nov 12, 1922, that I last saw her alive on Nov. 5, 1922, and that death occurred, on the date stated above, at 5:10 P M
The CAUSE OF DEATH* was as follows: 49
Abdominal Tumor (Fibroid)

[Duration] yrs. 3 mos. ds.

Contributory [SECONDARY]
[Duration] yrs. mos. ds.

Signed L O Humphrey M. D.
Nov 13, 1922 Address Camden Tenn

* 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: Pleasant Hill Cem
DATE OF BURIAL: 11/13 1922
20 UNDERTAKER: P. P. Tedder
ADDRESS: Huntingdon Tenn