

Size 8 1/2 x 7 1/4

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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Benton</u> Civil Dis. <u>4th Dist</u> Village <u>Camden</u> City <u>126</u> (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 Registration District No. <u>40304</u> Primary Registration District No. _____ File No. <u>19228</u> Reg. No. <u>7</u>	
2. FULL NAME <u>Hettie Josephine Hicks</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>Sep 24, 1935</u>	
3. SEX <u>Fem</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> 19 <u>35</u> to <u>July 23</u> 19 <u>35</u> I last saw him alive on <u>July 23, 1935</u> death is said to have occurred on the date stated above, at <u>9:50 AM.</u>	
5a. If married, widowed, or divorced <u>W. T. Hicks</u> (or) WIFE of _____					The principal cause of death and related causes of importance in order of onset were as follows: <u>Organic Heart Disease</u> 1-1-34 <u>Heart Disease</u> 6-1-32 <u>Hypertension</u> 1-1-32	
6. DATE OF BIRTH (month, day, and year) <u>Aug. 20 1871</u>					Contributory causes of importance not related to principal cause: <u>Hypertension</u>	
7. AGE	Years <u>64</u>	Months <u>1</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>					Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year) _____					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
11. Total time (years) spent in this occupation _____					Manner of injury _____ Nature of injury _____	
12. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
13. NAME <u>Dont Know</u>					If so, specify _____	
14. BIRTHPLACE (city or town) (State or country) _____					(Signed) <u>J. E. T. Trevathan</u> , M. D. (Address) <u>Brunston Tenn.</u>	
15. MAIDEN NAME <u>Nancy Pinkston</u>					Registrar _____	
16. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>						
17. INFORMANT <u>W. T. Hicks</u> (Address) <u>Camden 126</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cross Roads Cem. 9-25-35</u>						
19. UNDERTAKER <u>LUFF-BOWEN &amp; Co</u> (Address) <u>Waverly Tenn</u>						
20. FILED <u>Oct 1</u> 19 <u>35</u> <u>J. H. Naswood</u> Registrar						