

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

182

1 PLACE OF DEATH
County Carroll
Civil Dist. 14
or Village _____
or City _____ (No. _____) St.; _____ Ward)

Registration District No. _____
Primary Registration District No. 40914

File No. _____

Registered No. 4

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

2 FULL NAME Sallie Hilliard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH June 5, 1888
(Month) (Day) (Year)

7 AGE 27 yrs. 7 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Carroll Co.

10 NAME OF FATHER Billie Rodford

11 BIRTHPLACE OF FATHER (State or country) Carroll Co.

12 MAIDEN NAME OF MOTHER Sofa Green

13 BIRTHPLACE OF MOTHER (State or country) Carroll Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Louis Hilliard
(Informant) _____
(Address) West Part,

15 Filed Feb 10, 1916 John H. Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 2, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1916, to Feb. 2, 1916, that I last saw her alive on Feb 2, 1916, and that death occurred, on the date stated above, at 2³⁰ pm.

The CAUSE OF DEATH * was as follows:
Septicemia following
Child birth 146
(Duration) yrs. mos. ds.

Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.
(Signed) N. E. Martin, M. D.
Feb 9, 1916 (Address) West Part

*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 West Part DATE OF BURIAL 2/3, 1916
UNDERTAKER Butler ADDRESS West Part.