

STATE OF TENNESSEE 252

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Crocket
Civil Dist. no 8
OR
Village Alamo
OR
City (No. _____ St.; _____ Ward)

Registration District No. 142
Primary Registration District No. 41904

File No. _____

Registered No. 24

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

2 FULL NAME Nora Alpine Maphus

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 12-13-869
(Month) (Day) (Year)

7 AGE 33 yrs. 3 mos. 24 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) James wife

9 BIRTHPLACE (State or country)

10 NAME OF FATHER James Gunn

11 BIRTHPLACE OF FATHER (State or country) U.S.A.

12 MAIDEN NAME OF MOTHER Nora Bettie Lewis

13 BIRTHPLACE OF MOTHER (State or country) U.S.A.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 File Apr 7, 1923 J.H. Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 7 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1922 to Apr. 7 1923, that I last saw her alive on Apr. 5 1923 and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] myocarditis
(Duration) _____ yrs. _____ mos. 30 ds.

Signed R. Robertson M. D.
4-7-23 Address Alamo 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 Robertson cem DATE OF BURIAL Apr 8 1923

20 UNDERTAKER W.R. Yearwood ADDRESS Alamo Tenn

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.