

1 PLACE OF DEATH

County HenryCivil Dist. 11

Village

City

Registration District No. 44011Primary Registration District No. 11(No. 11 St.; 11 Ward)File No. 11Registered No. 11

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

2 FULL NAME Emmie French

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

341

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 MARRIED, WIDOWED, OR DIVORCED (Write the word) W6 DATE OF BIRTH June 20 - 1869
(Month) (Day) (Year)7 AGE 56 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work House work (b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER John Bower11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Marthy Green13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] C. P. French[Address] Springville

15

Filed Oct 5, 1925 Miss H. A. Boders

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 21 - 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1925, to Sept 21, 1925, that I last saw her alive on Sept 21, 1925, and that death occurred, on the date stated above, at 6 AM. The CAUSE OF DEATH* was as follows:Chronic Entertitis 114

Contributory [SECONDARY]

Signed J. T. Boman, M. D.

* 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 Homes Cemetery DATE OF BURIAL sep 22, 192520 UNDERTAKER Spicer McEvoy ADDRESS Paris Tenn

N. B.—Every item of information should be carefully supplied. AGE should be carefully supplied. AGE should be carefully supplied. CAUSE OF DEATH 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.