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

1 PLACE OF DEATH

County Chester

Civil Dist. 6

or Village

or City Henderson (No. ____, ____ St.; ____ Ward)

Registration District No. 121 File No. 116

Primary Registration District No. 21206 Registered No. 48

(If death occurred in hospital or Institut give its NAME Inst of street and numbe

2 FULL NAME Esther Woodruff.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
female	white	~~—~~ *

6 DATE OF BIRTH Aug 6 (Month), (Day), 1896 (Year)

7 AGE 22 yrs. 3 mos. ds. | If LESS than 1 day, ---hrs. or ---min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Teacher.

(b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Mississippi.

PARENTS

10 NAME OF FATHER A.D. Woodruff.

11 BIRTHPLACE OF FATHER (State or country) Mississippi.

12 MAIDEN NAME OF MOTHER Allie Blakney.

13 BIRTHPLACE OF MOTHER (State or country) Mississippi

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A D Woodruff.

(Address) Henderson Tenn.

15 Filed 12-7, 1918 W H Weeks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11/6 (Month) (Day), 1918 (Yea

17 I HEREBY CERTIFY, That I attended deceased fr

11-4 1918, to 11-6, 191

that I last saw h[illegible] alive on 11-6, 191

and that death occurred, on the date stated above, at

The CAUSE OF DEATH * was as follows:

Influenza Pneu 11 f

(Duration) yrs. mos.

Contributory (SECONDARY)

(Duration) yrs. mos.

(Signed) J A Carell, M

11/7, 1918 (Address) Henderson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAU state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)

At place of death ---yrs. ---mos. ---ds. In the State ---yrs. ---mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Henderson Tenn | DATE OF BURIAL 11/8, 19

20 UNDERTAKER Hardeman Hdw Co | ADDRESS Henderson

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