

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

26 170

1 PLACE OF DEATH
County Cornell
Civil Dist. 10
OR
Village
OR
City

Registration District No. 97
Primary Registration District No. 10
(No. , St.; Ward)

File No. _____

Registered No. _____

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

2 FULL NAME Lucy Ann Pickens

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 May 15 1928
(Month) (Day) (Year)

7 AGE 75 yrs. 10 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Alex Butler

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 Filed June 5 1928 L. O. Murphy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 5 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1924, to Apr 5, 1928, that I last saw her alive on Apr 5, 1928 and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:

Leucorrhoea of the Cervix
and Erosion of the Cervix
[Duration] 19 yrs. 1 mos. 3 ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.

Signed L. O. Murphy M. D.
June 5 1928 Address Bureau of Vital Statistics

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 Hellings Cem. DATE OF BURIAL Apr 6 1928

20 UNDERTAKER R. T. Silder ADDRESS Hellings Cem.

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.