

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.

1 PLACE OF DEATH

County Carroll  
 Civil Dist. H  
 OR  
 Village  
 OR  
 City (No. St.; Ward)

STATE OF TENNESSEE

154

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 91  
 Primary Registration District No.

File No.

Registered No. 12

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

2 FULL NAME

Mrs Adeline Thomas

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

Nov 1900  
 (Month) (Day) (Year)

7 AGE

70 yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Westport Tenn

10 NAME OF FATHER

Butke Boyd

11 BIRTHPLACE OF FATHER (State or country)

West Know

12 MAIDEN NAME OF MOTHER

West Know

13 BIRTHPLACE OF MOTHER (State or country)

West Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed March 14 1924 G. S. Baker  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 14 1924  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 5 1924 to Mar 14 1924 that I last saw him alive on Mar 14 1924 and that death occurred, on the date stated above, at 8 P M The CAUSE OF DEATH\* was as follows:

Bronch Pneumonia  
 [Duration] yrs. mos. 9 ds.

Contributory [SECONDARY] Influenza 1 week or 10 days before today ds.

Signed W. H. McHenry M. D.

Mar 14 1924 Address McHenry 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

DATE OF BURIAL

Westport Mar 14 1924

20 UNDERTAKER

ADDRESS

Scotts Lockett McHenry Tenn