SEE REGULATIONS ON THE BACK

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# CERTIFICATE OF DEATH
STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NUMBER
**6943**

REG. No. 1
REG. DIST. No. 503
PRIM. REG. DIST. No.
To be inserted by Registrar

If war veteran, give war and military organization.

1. PLACE OF DEATH
COUNTY OF LAUDERDALE
CIVIL DISTRICT 8
CITY (or TOWN) RURAL
ADDRESS OF PLACE OF DEATH ROUTE 2. HALLS. TENN
(If death occurred in a hospital or institution, give NAME, not street and number)
Length of residence in city or town where death occurred 6 yrs. mos. days

2. FULL NAME MOLLY MANDY MOZELLA FLOYD. DAVIS
(A) RESIDENCE ROUTE 2. HALLS. TENN.
(Usual place of abode—If non-resident of place of death, give town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. RACE OR COLOR | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (write the word) |
|---|---|---|
| F | W | MARRIED |

5A. HUSBAND OR WIFE of NEAL DAVIS

6. DATE OF BIRTH month APRIL day 19 year 1895

| 7. AGE | IF LESS THAN ONE DAY |
|---|---|
| yrs. 44 mos. days | hrs. mins. |

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. HOUSEWIFE
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country) TENN

FATHER
13. NAME ANDREW FLOYD
14. BIRTHPLACE (city or town) (State or country) TENN

MOTHER
15. MAIDEN NAME IDA SMITH
16. BIRTHPLACE (city or town) (State or country) TENN

17. INFORMANT RICHARD DAVIS (Signature)
(ADDRESS) ROUTE 3. FRIENDSHIP. TENN.

18. BURIAL, CREMATION OR REMOVAL DATE 3-11-40
CEMETERY ENON. CEM. PLACE LAUDERDALE

19. UNDERTAKER SUDBURY FUNERAL HOME (Firm name)
ADDRESS HALLS. TENN BY Roy Sudbury

20. FILED 3/20 1940 Merl Reedy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH MARCH (month) 10. (day) 1940 (year)

22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM Mar 4 1940 TO Mar 9 1940
I LAST SAW her ALIVE ON Mar. 9 1940 DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT 12.15 P.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:

| | DATE OF ONSET |
|---|---|
| (a) Lobar Pneumonia | 2/4/40 |
| (b) Influenza & Pneumonia | 2/14/40 |
| | HA |

CONTRIBUTORY CAUSES OF IMPORTANCE

33H

NAME OF OPERATION DATE
WHAT LAB. TEST CONFIRMED DIAGNOSIS? AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:
ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY
WHERE DID INJURY OCCUR? (Specify city or town, county and State)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE
MANNER OF INJURY
NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION?
IF SO, SPECIFY
(SIGNED) J. B. Hello M. D.
(ADDRESS) Halls Tenn.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.
GIVE FULL NAME OF DECEASED CORRECTLY SPELLED, AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104