

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 Benton
 Civil Dist. 4th
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 2392
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 40304 File No. _____
 Primary Registration District No. _____ Registered No. 6
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Abel Hicks

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 Jan 9 1845
 (Month) (Day) (Year)

7 AGE 81 yrs. 10 mos. 10 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) Benton Co. Tenn

10 NAME OF FATHER Hallaway Bee

11 BIRTHPLACE OF FATHER [State or country] North Carolina

12 MAIDEN NAME OF MOTHER Catharine Hyard

13 BIRTHPLACE OF MOTHER [State or country] Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Jim Hicks
 [Address] Cambden Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 19 1926
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1925 to Feb 17 1926, that I last saw him alive on 17 of Feb 1926 and that death occurred, on the date stated above, at 6 A.M.
 The CAUSE OF DEATH* was as follows: 1016
Branchitis Pneumonia
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed J. D. Murphy M. D.
 _____, 1926 Address Benton Vista Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Cross Roads **DATE OF BURIAL** Feb 20 1926

20 UNDERTAKER Earnest Pierce **ADDRESS** Cambden

15 Filed Mar 2 1926 B. H. Harwood
 REGISTRAR