STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

83

1 PLACE OF DEATH

County Washington — Registration District No. 911 — File No. 38

Civil Dist. 9 or Village ____ — Primary Registration District No. ____ — Registered No. ____

City Johnson City (No. 714, Myrtle Ave St.; ____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs Mary Blankenship

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ____ (Month) ____ (Day) 1____ (Year)

7 AGE 84 yrs. — mos. — ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country) N. Y.

PARENTS

10 NAME OF FATHER: Rufus Wilder
11 BIRTHPLACE OF FATHER (State or country): Mass
12 MAIDEN NAME OF MOTHER: Miss Mary Merrill
13 BIRTHPLACE OF MOTHER (State or country): N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. A. Mayberry
(Address) Rheatown Rt. 1 Tenn.

15 Filed Feby 24 1916 E Sevier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26th (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Feb 26, 1916, that I last saw her alive on Feb 25, 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH * was as follows: Senility — 164

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) — (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. H. Grandy M. D.
Feb 26 1916 (Address) Johnson City 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: Chattanooga Tenn — DATE OF BURIAL: Feby 27, 1916

20 UNDERTAKER: C. L. Dulle — ADDRESS: Johnson City

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.