

## 1 PLACE OF DEATH

County CinellCivil Dist. 18

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 94Primary Registration District No. 18File No. 394Registered No. 16

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

2 FULL NAME Lida J Boyd

## 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 Aug 22, 1946  
(Month) (Day) (Year)7 AGE 71 yrs. 20 mos. 20 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country)  Tenn10 NAME OF FATHER Thomas F Robinson11 BIRTHPLACE OF FATHER (State or country) Not known12 MAIDEN NAME OF MOTHER Mary Uptgrove13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

15 Filed Oct 9, 191 W E Bowers  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 11, 1917  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 191, to Sept 6, 1917, that I last saw her alive on Sept 6, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH \* was as follows:

Sudden heart failure,Contributory Ulcer of stomach  
(SECONDARY)(Signed) L D Murphy, M. D.  
Sept 16, 1917 (Address) Bethesda Vista

\*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 Oak Grove Cemetery DATE OF BURIAL Sept 12, 191720 UNDERTAKER None ADDRESS \_\_\_\_\_