

STATE OF TENNESSEE

53-02316

BIRTH NO. _____ COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. _____

1. NAME *Martha Belle Sanders* 2. DATE OF DEATH *2/21/1953*

FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE *White* 4. SEX *Female* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *Married* 6. DATE OF BIRTH *Dec 24 1881* 7. AGE (IN YEARS) LAST BIRTHDAY *72* 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY *Carroll* B. CIVIL DISTRICT *11* 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE *Tenn* B. COUNTY *Carroll* C. CIVIL DISTRICT *11*

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Huntingdon* D. LENGTH OF STAY IN THIS PLACE *1* D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Huntingdon, Tenn # 2*

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) *Home* E. STREET (IF RURAL, GIVE LOCATION) ADDRESS *Home*

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) *At Home* 10B. KIND OF BUSINESS OR INDUSTRY *✓* 11. SOCIAL SECURITY NUMBER *✓*

12. WAS DECEASED EVER IN U.S. ARMED FORCES? *✓* SPECIFY, YES, NO, UNKNOWN IF YES, GIVE WAR AND DATES OF SERVICE *✓* 13. BIRTHPLACE (State or Foreign Country) *Benton Co.* 14. CITIZEN OF WHAT COUNTRY? *U.S.A.*

15. FATHER'S NAME *N.B. Furkator* 16. MOTHER'S MAIDEN NAME *Matilda Liebrecht* 17. INFORMANT *Poster Sanders, Huntingdon, Tenn* ADDRESS *Huntingdon, Tenn*

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) *Hypertension + arteriosclerosis 447 years* INTERVAL BETWEEN ONSET AND DEATH *years*

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office/Build'g, etc.) 21C. PLACE OF INJURY /CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? *MAR - 9*

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *Prodd Taylor* M.D. OTHER (SPECIFY) *Heintzger* ADDRESS *Huntingdon, Tenn* DATE 1953 *Mar 2*

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Buried* 23B. DATE OF BURIAL, CREMATION, OR REMOVAL *2/27/53* 23C. NAME OF Cemetery or Crematory *Sanders* 23D. LOCATION CITY, TOWN OR COUNTY STATE *Huntingdon, Tenn*

24. FUNERAL DIRECTOR *Carroll Funeral Home, Huntingdon, Tenn* ADDRESS *Huntingdon, Tenn* 25. REGISTRATION DIST. NO. *40911* 26. DATE SIGNED BY LOCAL REG. *3-5-53* 27. REGISTRAR'S SIGNATURE *Peggy Sue Cox-Dep.*