Size 8½ x 7¼

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S and Old 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.

Form V. S. No. 4

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

Dr. Douglas. Dr Featherston 5106

1. PLACE OF DEATH

County Benton 0312 1/0312

Civil Dis. 12th

or Village Camden,

or City In (No. ..... St.; ..... Ward)

Registration District No. 40312

Primary Registration District No. 12

File No. 1

Reg. No. 1

If a War Veteran, fill out blank below.

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

(Give War and Military Organization)

2. FULL NAME Pauline French.

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	8	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Benton Co.

How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

FATHER

13. NAME H. B. French.

14. BIRTHPLACE (city or town) (State or country) Benton Co.

MOTHER

15. MAIDEN NAME Hazle Lynch

16. BIRTHPLACE (city or town) (State or country) Benton Co

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cross Roads Cemetery Date 2/11, 1937

19. UNDERTAKER Camden Memorial Home Inc (Address) Camden, Tenn.

20. FILED ....., 19.. C. C. Hollingsworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to Feb 11, 1937

I last saw her alive on Feb 10, 19.., death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
No Diagnosis was made	

Contributory causes of importance not related to principal cause: 28 B

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

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 of deceased? No

If so, specify .....

(Signed) Ray A Douglass M. D.

(Address) Huntingdon