

Size 8 1/2 x 7 1/4
 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. 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					STATE OF TENNESSEE	
County <u>Benton</u>					STATE DEPARTMENT OF HEALTH	
Civil Dis. <u>15th</u>					Division of Vital Statistics	
Village <u>Cambden</u>					CERTIFICATE OF DEATH	
City (No. _____, St.; _____ Ward)					22414	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.					File No. _____	
2. FULL NAME <u>Massey Elizabeth Jordan</u>					Registration District No. <u>40315</u>	
(a) Residence: No. _____ St., _____ Ward.					Primary Registration District No. _____	
					Reg. No. <u>8</u>	
					(If death occurred in a hospital or institution, give its NAME instead of street and number)	
					How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>11/24</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widowed</u>		6. DATE OF BIRTH (month, day, and year) <u>Aug. 29, 1852</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 21</u> , 19 <u>32</u> , to <u>Nov 24</u> , 19 <u>32</u>	
7. AGE		Years <u>80</u>	Months <u>2</u>	Days <u>25</u>	I last saw her alive on <u>Nov 24</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at <u>12</u> m.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			The principal cause of death and related causes of importance in order of onset were as follows:	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			<u>Tuberculosis of lungs</u> <u>age</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u>		13. NAME <u>Charlie Bell</u>			Date of onset <u>23</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Benton Co.</u>		15. MAIDEN NAME <u>Adeline Yates</u>			Contributory causes of importance not related to principal cause:	
16. BIRTHPLACE (city or town) (State or country) <u>Benton</u>		17. INFORMANT <u>W. M. Farris</u>			Name of operation _____ Date of _____	
18. BIRTHPLACE (city or town) (State or country) <u>Cambden, Tenn.</u>		19. UNDERTAKER <u>W. P. McCall</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>YE</u>	
20. FILED <u>Dec 3</u> , 19 <u>32</u> <u>W. P. McCall</u> Registrar.		23. If death was due to external causes (violence) fill in also the following:			23. If death was due to external causes (violence) fill in also the following:	
		Place <u>City County</u> Date <u>11/25</u> 19 <u>32</u>			Accident, suicide, or homicide? _____ Date of injury _____ 19 _____	
		Address <u>Cambden, Tenn.</u>			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? <u>no</u>	
					If so, specify _____	
					(Signed) <u>W. P. McCall</u> M. D.	
					(Address) <u>Cambden</u>	