

1 PLACE OF DEATH

County

Stewart

Civil Dist.

*7th*OR
VillageOR
City

Registration District No.

STATE OF TENNESSEE 196

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No.

Primary Registration District No.

Registered No. *7*(No. *524* St.; *7* Ward)

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

2 FULL NAME

Mount Cashion

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

*girl**white**+*

6 DATE OF BIRTH

June 18 1904
(Month) (Day) (Year)

7 AGE

18 yrs. *8* mos. *10* ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer).

Pauper

9 BIRTHPLACE (State or country)

Stewart Co., Tenn.

10 NAME OF FATHER

John Cashion

11 BIRTHPLACE OF FATHER [State or country]

Hardin Co., Tenn.

12 MAIDEN NAME OF MOTHER

Laura Walker

13 BIRTHPLACE OF MOTHER [State or country]

Stewart Co., Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

L. D. Keel

[Address]

Dover, Tenn.

15

Filed

*4-7-23**W. H. B. J. J.*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar. 1 1923
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from

Jan 5 1923 to Feb 25 1923
that I last saw h^{er} alive on *Feb 25 1923*

and that death occurred, on the date stated above, at..... M

The CAUSE OF DEATH* was as follows: *Indigestion**she was mentally weak*[Duration]..... yrs. *2* mos. ds.

Contributory [SECONDARY]

[Duration]..... yrs. mos. ds.

Signed

Chas R Crow

M. D.

April 7 1923 Address *Dover 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

DATE OF BURIAL

Lourey ground 3/2 1923

20 UNDERTAKER

ADDRESS

Chas R Crow Dover, Tenn

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.