

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.

1 PLACE OF DEATH

County Benton

Civil Dist. 5th

or Village Camden

or City (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

99

Registration District No. 27

File No. _____

Primary Registration District No. _____

Registered No. 13

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

2 FULL NAME Nancy L. Townsend

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH June 1st, 1847
(Month) (Day) (Year)

7 AGE 68 yrs. 8 mos. 22 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Wash Adams

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mitchell

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. B. Fry
(Address) Camden Tenn

15 Filed Sept 23 1915 Dorsey Holland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 23rd, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1915, to Sept 23, 1915, that I last saw her alive on Sept 23, 1915, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Paralysis from cerebral hemorrhage
(Duration) _____ yrs. _____ mos. 12 ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. P. McGill, M. D.
Sept 23, 1915 (Address) Camden 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 Camden DATE OF BURIAL Sept 24, 1915

20 UNDERTAKER H. E. Piers ADDRESS Camden