

Size 5 1/2 x 7 1/4

MARGIN RESERVED FOR BINDING

Form V. S. No. 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
 County Benton
 Civil Dis. 15
 or
 Village _____
 or
 City Camden, (No. _____, St.; _____ Ward)
 (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. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH 37
 File No. _____
 Reg. No. 1

2. FULL NAME Lucy E. Hateson
 (a) Residence: No. _____ St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>			21. DATE OF DEATH (month, day, and year) <u>1/29</u> , 19 <u>31</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Retired Housewife</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1930</u> <u>1930</u> , to <u>Jan 21st</u> , 19 <u>31</u> I last saw her alive on <u>Jan 20th</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>10</u> a.m.		
6. DATE OF BIRTH (month, day, and year) <u>May 25, 1843</u>					The principal cause of death and related causes of importance in order of onset were as follows: <u>Senile Senility</u>	
7. AGE	Years <u>87</u>	Months <u>8</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>				Contributory causes of importance not related to principal cause: <u>164</u>	
	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) <u>Benton Co</u>						
MOTHER FATHER	13. NAME <u>Johannes Young</u>				Date of _____	
	14. BIRTHPLACE (city or town) (State or country) <u>North Carolina</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
	15. MAIDEN NAME <u>Kee</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
	16. BIRTHPLACE (city or town) (State or country) <u>North Carolina</u>				Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Gusta Perry</u> (Address) <u>Camden, Tenn.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Northwood</u> Date <u>1/29</u> , 19 <u>31</u>						
19. UNDERTAKER <u>Gunn's & Lindsey</u> (Address) <u>Camden, Tenn.</u>						
20. FILED <u>Jan 27</u> , 19 <u>31</u> <u>J. H. Birch</u> Registrar.						
					Manner of injury _____ Nature of injury _____	
					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
					(Signed) <u>James M. Lynch</u> , M. D. (Address) <u>Camden Tenn.</u>	