

Size 8 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 Hamilton
Civil Dis. Third
or
Village Red Bank
or
City Chattanooga

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

Registration District No. 43303 File No. 25979
Primary Registration District No. 205 Reg. No. 205
(No. Residence. 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.

2. FULL NAME Mrs. Ethel Hartman
(a) Residence: No. Dayton Pike, Red Bank, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (month, day, and year) Dec. 27th., 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1932 to Dec 27 1932

6. DATE OF BIRTH (month, day, and year) Dec. 14th., 1894

I last saw her Dec 27 1932 alive on Dec 27 1932, death is said to have occurred on the date stated above, at 4 P. m.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 38

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Double Pneumonia;
an infection of Both Lungs
Contributory causes of importance not related to principal cause: None

12. BIRTHPLACE (city or town) (State or country) Tenn.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME Joe Davis.

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME: Mattie McClure

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mr. L. Hartman.
(Address) Red Bank., Tenn.

18. BURIAL
Place Date Dec. 29th., 1932

19. UNDERTAKER R. J. Coulter Undertaking Co.
(Address) 801 Vine St., Chattanooga, Tenn.

20. FILED 1730/32 W. M. Sherrill
Registrar

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?
If so, specify

(Signed) J. C. Cunningham M. D.
(Address) Nelson Tenn