

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.

1 PLACE OF DEATH

County of Macon

Civil Dist. 1

Village Lafayette, Tenn

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

410

Registration District No. _____

Primary Registration District No. 45501

File No. _____

Registered No. 50

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

2 FULL NAME

Mollie Ragland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH Sept. 31, 1873
(Month) (Day) (Year)

7 AGE 45-1-24 If LESS than 1 day,hrs. ormin.?

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

9 BIRTHPLACE (State or country) Macon Co.

10 NAME OF FATHER George G. Gist

11 BIRTHPLACE OF FATHER (State or country) Knox Co.

12 MAIDEN NAME OF MOTHER Leat

13 BIRTHPLACE OF MOTHER (State or country) Macon Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William R. Gist (Address) Lafayette

15 Nov. 14, 1918 REGISTRAR J. M. Law

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 14, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1918, to Nov. 14, 1918, that I last saw h. alive on Nov 14, 1918, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:
Engelmann's followed by Double Pneumonia

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. H. Allen, M. D.
_____, 191____ (Address) Lafayette 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 Knoxville, Tenn. DATE OF BURIAL Nov. 15, 1918

20 UNDERTAKER C. E. Alexander ADDRESS Lafayette Tenn