

THIS CLAIM... WITH UNPAID... 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

STATE OF TENNESSEE  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

County James  
Civil Dist. 2 Registration District No. 44302 File No. 4  
or  
Village \_\_\_\_\_ Primary Registration District No. 2 Registered No. \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lucy Ellen White

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 20, 1838  
(Month) (Day) (Year)

7 AGE 77 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER David Lewis

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Jane Holder

13 BIRTHPLACE OF MOTHER (State or country) North Carolina

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH May 7, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1914, to May 7, 1916, that I last saw her alive on Mar 8, 1916, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows: Apoplexy 79a

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. V. DeB... M. D. May 2, 1916 (Address) Georgetown 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 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the 77 yrs. 10 mos. 17 ds.  
Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. D. Campbell  
(Address) Baltimore

15 Filed May 31, 1916 H. H. Smith REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Savannah DATE OF BURIAL May 4, 1916

20 UNDERTAKER R. J. Coe ADDRESS Dayton Tenn