

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

Civil Dis.

or

Village

or

City

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

(a) Residence: No. 1343 Ridgeway St., 92 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Harvey Cudergast</u>		
6. DATE OF BIRTH (month, day, and year) <u>42</u>		
7. AGE	Years <u>42</u>	Months <u>0</u>
	Days <u>0</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (city or town) (State or country) <u>Miss</u>		
13. NAME <u>Jessie Williams</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Miss</u>		
15. MAIDEN NAME <u>Mollie Whittington</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Miss</u>		
17. INFORMANT <u>Harvey Cudergast</u> (Address) <u>1343 Ridgeway</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Home</u> Date <u>6-7-33</u>		
19. UNDERTAKER <u>National Funeral Home</u> (Address) <u>Home</u>		
20. FILED <u>6-30</u> , 19 <u>33</u> <u>G. M. Krane</u> Registrar.		

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

COPY

File No. 3142Reg. No. 2108

Registration District No.

Primary Registration District No.

(No. 1343 Ridgeway St., 92 Ward)

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

How long in U. S. if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26, 193322. I HEREBY CERTIFY, That I attended deceased at home
1000 at home for heart 1933
The cause of death is Heart disease death is saidto have occurred on the date stated above, at 9:30

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

Heart disease, Mitral regurgitation, aortic stenosis

Contributory causes of importance not related to principal cause:

NoneNoneNoneNoneNoneNoneNoneNone

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 None(Signed) Geo. P. Jones M. D.

(Address)