

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mourne

Vol. Pct 76

Inc. Town

City

Registration District No. 8210

Primary Registration District No. 2036

No.

St.

File No.

11938

Registered No.

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

FULL NAME Sallie D. Mudgett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

May 9 1880
(Month) (Day) (Year)

7 AGE

37 yrs. 11 mos. 8 ds.

IF LESS than
1 day... hrs.
or... min.?

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Tenn.

PARENTS

10 NAME OF FATHER

Harmon D. Mudgett

11 BIRTHPLACE OF FATHER (State or country)

Tennessee

12 MAIDEN NAME OF MOTHER

Wildie J. Moore

13 BIRTHPLACE OF MOTHER (State or country)

Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Gyles

(Address) Franklin Ave. Ky.

15 Filed Apr. 18, 1918 S. H. Tink

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr. 17 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1918, to Apr 17, 1918, that I last saw him alive on Nov 10, 1918, and that death occurred on the date stated above at 6 P.M. THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 12 mos. 17 ds.

Contributory (Secondary)

Grippe

(Duration) 1 yrs. 12 mos. 17 ds.

(Signed) Geo. M. Bushner, M. D.

Apr. 18, 1918 (Address) Franklin Ave. Ky.

*State the DIRECT CAUSING DEATH, or, if deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINS OR RECENT RESIDENCES)

At place of death 1 yrs. 12 mos. 17 ds. In the State 1 yrs. 12 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Harmon's Roads

DATE OF BURIAL

Apr. 18, 1918

20 UNDERTAKER

J. W. Gyles Franklin Ave. Ky.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be given 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.