

CERTIFICATE OF DEATH

33134

PLACE OF DEATH

County *Murray*

Vol. No. *#11-North Tompkinsville 840*

Ino. Town *Tompkinsville*

City

2 FULL NAME

Susan Mary Deekham

File No.

Registered No. *61*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

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

Widowed

6 DATE OF BIRTH

Nov. 27, 1851
(Month) (Day) (Year)

7 AGE

62 yrs. 8 mos. 19 ds.

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

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Tenn.

PARENTS

10 NAME OF FATHER

Johnie Sneyres

11 BIRTHPLACE OF FATHER (State or country)

Penn.

12 MAIDEN NAME OF MOTHER

Elizabeth Deekham

13 BIRTHPLACE OF MOTHER (State or country)

Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *H. H. Wentman*

(Address) *Tompkinsville*

15

Filed *Dec. 17, 1913*

S. L. Deekham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 16, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased

from *only saw the lady on day of death*, 191... to *Dec. 16, 1913*, 191...
that I last saw him... alive on... *Dec. 16, 1913*...

and that death occurred on the date stated above at *11-0* a.m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) *2* yrs. — mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *W. K. Richardson*, M. D.

Dec. 17, 1913 (Address) *Tompkinsville*

*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. State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

White Graveyard DATE OF BURIAL *Dec. 18, 1913*

20 UNDERTAKER

J. W. Jolley ADDRESS *Tompkinsville*

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.