

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

97

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County BlountCivil Dist. 10OR  
VillageOR  
CityRegistration District No. 40570

Primary Registration District No.

File No. 1

Registered No.

[If death occurred in a  
hospital or institution,  
give its NAME instead of  
street and number.]2 FULL NAME Mary Ann Watkins

## 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  
(Month) (Day) (Year)7 AGE 81 yrs. ? mos. ? ds. If LESS than 1 day, ..... hrs. or ..... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Home keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE  
(State or country) Tenn10 NAME OF FATHER Black11 BIRTHPLACE OF FATHER  
[State or country] not known12 MAIDEN NAME OF MOTHER ??13 BIRTHPLACE OF MOTHER  
[State or country] ??

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. W. Robbin[Address] Mentor15 Filed 2-10 1924 Geo W String  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 6 1924  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Feb 4 1924 to about Feb 6 1924, that I last saw her alive on Feb 4 1924 and that death occurred, on the date stated above, at 8:15 M

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia101a

[Duration] ..... yrs. .... mos. .... ds.

Contributory  
[SECONDARY]

[Duration] ..... yrs. .... mos. .... ds.

Signed S. S. Nuttall M. D.Mar 2 1924 Address Louisville

\* 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 Middlesboro DATE OF BURIAL Feb 7 192420 UNDERTAKER S. A. McEwen ADDRESS Mayville

MARGIN RESERVED FOR BINDING - THIS IS A PERMANENT RECORD

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.