

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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County Blount County Civil Dis. 5 Village City (No. _____, St.; _____ Ward) <small>(If death occurred in a hospital or institution, give its NAME instead of street and number)</small> Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.				STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH 13987 File No. _____ Reg. No. 139 If a War Veteran, fill out blank below.	
2. FULL NAME Ruth Evelyn Graves (a) Residence: No. Friendsville, Tenn. R. 1 St. Ward. _____ <small>(Usual place of abode) (If nonresident give city or town and State)</small>				(Give War and Military Organization)	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH (month, day, and year) July 12, 1939	
2a. If married, widowed, or divorced HUSBAND of Clifford Graves (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from May 31 , to July 12 , 19 39 I last saw her alive on May 31 , 19 39 , death is said to have occurred on the date stated above, at 11.20 P.M.	
6. DATE OF BIRTH (month, day, and year) April 17, 1916				The principal cause of death and related causes of importance in order of onset were as follows: Pulmonary Tuberculosis Date of onset 1937	
7. AGE Years 23 Months 2 Days 25		If LESS than 1 day, _____ hrs. or _____ min.		Contributory causes of importance not related to principal cause: 23	
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House Wife		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation	
10. Date deceased last worked at this occupation (month and year)				12. BIRTHPLACE (city or town) (State or country) Blount County, Tenn. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.	
13. NAME Onis Capps		14. BIRTHPLACE (city or town) (State or country) Blount County, Tenn.		Name of operation _____ Date of _____	
15. MAIDEN NAME Maud Baker		16. BIRTHPLACE (city or town) (State or country) Blount County, Tenn.		What test confirmed diagnosis? _____ Was there an autopsy? _____	
17. INFORMANT Clifford R. Graves (Address) Friendsville, Tenn.				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.	
18. BURIAL, CREMATION, OR REMOVAL Place Shady Grove Date July 14, 1939				Manner of injury _____ Nature of injury _____	
19. UNDERTAKER C. H. Bierley (Address) Madisonville, Tenn.				24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED Aug 5, 1939 D. B. Johnston Registrar.				If so, specify _____ (Signed) C. H. Bierley , M. D. (Address) Madisonville	