

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 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		STATE OF TENNESSEE 335	
County <u>Hamilton</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics <u>B. A. Deakin</u>	
Civil Dist. <u>5</u>		CERTIFICATE OF DEATH	
Village <u>East Chattanooga</u>		Registration District No. <u>43302</u>	File No. _____
City _____		Primary Registration District No. _____	Registered No. <u>200</u>
2 FULL NAME <u>Sarah Royal</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	16 DATE OF DEATH <u>May 14</u> , 19 <u>23</u> [Month] [Day] [Year]
6 DATE OF BIRTH <u>Sept 24</u> , 1____, 19____ (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw her alive on _____, 192____, and that death occurred, on the date stated above, at _____ M	
7 AGE <u>80</u> yrs. ____ mos. ____ ds.	If LESS than 1 day, ____ hrs. or ____ min.?		The CAUSE OF DEATH* was as follows: <u>Pancreas Agitans enlarged</u> <u>Hurt</u> <u>84</u>
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		[Duration] ____ yrs. ____ mos. ____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>		Contributory [SECONDARY] _____ [Duration] ____ yrs. ____ mos. ____ ds.	
PARENTS	10 NAME OF FATHER <u>Watkins</u>	Signed <u>B. A. Deakin</u> , M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	_____, 192____ Address _____	
	12 MAIDEN NAME OF MOTHER <u>Margaret Edington</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>		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 _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>John Royal</u> [Address] <u>East Chattanooga</u>		19 PLACE OF BURIAL OR REMOVAL <u>Hamilton Co Tenn</u> DATE OF BURIAL <u>May 15</u> , 19 <u>23</u>	
15 Filed <u>5/16</u> , 19 <u>23</u> <u>Benton Jones</u> REGISTRAR	20 UNDERTAKER <u>R. J. Carter</u>		ADDRESS <u>801 Vine</u>