

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

Size 8 1/2 x 11 1/4

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.

1. PLACE OF DEATH		STATE OF TENNESSEE	
County <u>Blount</u>		STATE DEPARTMENT OF HEALTH	
Civil Dis. <u>5</u>		Division of Vital Statistics	
Registration District No. <u>174</u>		CERTIFICATE OF DEATH	
Village		18760	
City		File No.	
(No., St.; Ward)		Reg. No. <u>21</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)		If a War Veteran, fill out blank below.	
Length of residence in city or town where death occurred.....yrs.....mos.....ds.		(Give War and Military Organization)	
2. FULL NAME <u>Martha D. Baker</u>		(If nonresident give city or town and State)	
(a) Residence: No. <u>Louisville, Tenn. R.1</u> St. Ward.			
(Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) <u>July 16, 1938</u>
<u>Female</u>	<u>White</u>	<u>Married</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 2</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sam A Baker</u>			<u>10.38</u> , to <u>July 16</u> , 19 <u>38</u>
6. DATE OF BIRTH (month, day, and year) <u>May 10, 1874</u>			I last saw her alive on <u>July 15</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>3:50 P.M.</u>
7. AGE	Years	Months	Days
	<u>64</u>	<u>2</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			The principal cause of death and related causes of importance in order of onset were as follows:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			<u>Pyelitis</u>
10. Date deceased last worked at this occupation (month and year)			<u>Hypertension</u>
11. Total time (years) spent in this occupation			Contributory causes of importance not related to principal cause:
12. BIRTHPLACE (city or town) (State or country) <u>Blount County</u>			<u>Fracture neck Femur</u>
How long in U. S. if of foreign birth?.....yrs.....mos.....ds.			Name of operation..... Date of.....
13. NAME <u>Taylor Wilburn</u>			What test confirmed diagnosis?..... Was there an autopsy?.....
14. BIRTHPLACE (city or town) (State or country) <u>No Data</u>			23. If death was due to external causes (violence) fill in also the following:
15. MAIDEN NAME <u>Nancy N Long</u>			Accident, suicide, or homicide?..... Date of injury..... 19.....
16. BIRTHPLACE (city or town) (State or country) <u>Blount County</u>			Where did injury occur?..... (Specify city or town, county, and State)
17. INFORMANT <u>Sam A Baker</u> (Address) <u>Louisville, Tenn. R.1</u>			Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shady Grove</u> Date <u>July 17, 1938</u>			Manner of injury.....
19. UNDERTAKER <u>C.H. Bierley</u> (Address) <u>Madisonville, Tenn.</u>			Nature of injury.....
20. FILED <u>Sept 20, 1938</u> <u>Dr. Johnston</u> Registrar.			24. Was disease or injury in any way related to occupation of deceased?.....
			If so, specify.....
			(Signed) <u>J.S. Tipton</u> M. D.
			(Address) <u>Friendville, Tenn.</u>