

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County ..... 189

Civil Dist. ....

Registration District No. ....

File No. 2094

OR  
Village .....

Primary Registration District No. ....

Registered No. 2094

OR  
City .....

(No. St. Anthony Hospt. St.; ..... Ward)

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

2 FULL NAME Clara Farmer

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX  F	4 COLOR OR RACE  C	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M
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6 DATE OF BIRTH ..... 1, .....  
(Month) (Day) (Year)

7 AGE 30 yrs. .... mos. .... ds.  
If LESS than 1 day, .... hrs. or .... min.?

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

9 BIRTHPLACE (State or country) La

10 NAME OF FATHER Wm. Atlas

11 BIRTHPLACE OF FATHER [State or country] La

12 MAIDEN NAME OF MOTHER Elnora

13 BIRTHPLACE OF MOTHER [State or country] La

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Elnora Atlas

[Address] 234 Rayburn

15 Filed 7-16, 19 23

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July 11, 1923  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 7-8, 1923, to 7-11, 1923, that I last saw h<sup>er</sup> alive on 7-11, 1923

and that death occurred, on the date stated above, at 9 M

The CAUSE OF DEATH\* was as follows:

Surgical shock

[Duration] ..... yrs. .... mos. 1 ds.

Contributory [SECONDARY] Multiple fibroma uteri

[Duration] ..... yrs. 3 mos. .... ds.

Signed Thos N. Coppedge, M. D.

7-16, 19 23 Address .....

\* 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 8 yrs. .... mos. .... ds.

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

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Zion

DATE OF BURIAL 7-15, 1923

20 UNDERTAKER Barnett-Lewis Co.,

ADDRESS

DO NOT TEAR OUT 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.