

1 PLACE OF DEATH		STATE OF TENNESSEE	
County <u>Cutman</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>13</u>		CERTIFICATE OF DEATH	
or Village <u>Silver Point</u>		Registration District No. <u>11213</u>	File No. _____
or City _____		Primary Registration District No. _____	Registered No. <u>11</u>
		(No. _____, St.; _____ Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <u>Mildred Mitchell</u>			
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 <u>widow</u>	16 DATE OF DEATH <u>Sept. 14, 1917</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>9 13, 1835</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, that I attended deceased from <u>Sept. 11, 1917, to Sept. 12, 1917,</u>	
7 AGE <u>82</u> yrs. <u>7</u> mos. <u>1</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?		that I last saw her alive on <u>Sept. 12, 1917,</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		and that death occurred, on the date stated above, at <u>7 1/2</u> m.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>		The CAUSE OF DEATH * was as follows: <u>Fracture of neck of femur and the resulting pain and exhaustion</u> (Duration) ____ yrs. ____ mos. ____ ds.	
10 NAME OF FATHER <u>Hugh Wallace</u>		Contributory (secondary) <u>age</u> (Duration) ____ yrs. ____ mos. ____ ds.	
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		(Signed) <u>Samuel Denton</u> , M. D. 191____ (Address) <u>Burk's Falls Valley</u>	
12 MAIDEN NAME OF MOTHER <u>Nancy Jared</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER 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>W. H. L. Wallace</u> (Address) <u>Silver Point, Tenn.</u>			
15 Filed <u>9/14</u> 191 <u>7</u> <u>W. H. L. Wallace</u>		19 PLACE OF BURIAL OR REMOVAL <u>Wallace Cemetery</u> DATE OF BURIAL <u>9/15</u> , 191 <u>7</u>	
		20 UNDERTAKER <u>W. H. L. Wallace</u> ADDRESS <u>Silver Point, Tenn.</u>	