

## 1 PLACE OF DEATH

County BentonCivil Dist. 4OR  
VillageOR  
City (No. , St.; Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

8360

## CERTIFICATE OF DEATH

Registration District No. 40304

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 11

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

2 FULL NAME Martha Cornea Reed

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow6 DATE OF BIRTH Sept 1 1850  
(Month) (Day) (Year)7 AGE 75 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Benton Co Tenn10 NAME OF FATHER L. B. Pierce, Jr.11 BIRTHPLACE OF FATHER (State or country) N.C.12 MAIDEN NAME OF MOTHER Melinda Barber13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] W. J. Reed

[Address] \_\_\_\_\_

15 Filed April 26 1926 B. H. Harwood  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1 1926  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from March 28 1926 to Apr 1 1926, that I last saw her alive on March 28 1926 and that death occurred, on the date stated above, at 11:30 MThe CAUSE OF DEATH\* was as follows:  
Flu & Pneumonia  
Ha

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed L. C. Umstath M. D.1926 Address Burston Tenn

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Arson Road Cem Apr 2 1926

20 UNDERTAKER ADDRESS

Hugh Bivins Camden Tenn

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.