

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.

1 PLACE OF DEATH

County
Civil Dist.
OR
Village
OR
City (No. 652, S. Barksdale St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.

File No. 1633
Registered No. 1634

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

2 FULL NAME Catherine Schwab

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) W

6 DATE OF BIRTH 1 (Year) (Month) (Day)

7 AGE 85 yrs. 1 day, hrs. or min. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Germany

10 NAME OF FATHER Nicholas Malsie
11 BIRTHPLACE OF FATHER [State or country] Germany
12 MAIDEN NAME OF MOTHER Catherine Malsie
13 BIRTHPLACE OF MOTHER [State or country] Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Mrs. M. Fell [Address] 652 Landerdale

15 Filed 6-23 1915 Mrs. O.C. Fluemer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 22 15 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 22 1915 to 19 that I last saw h..... alive on 19 and that death occurred, on the date stated above, at M The CAUSE OF DEATH* was as follows:

Endarteritis

[Duration] 10 yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed B. G. Henning M. D.

6-23 1915 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 4 yrs. mos. ds. In the State 50 yrs. mos. ds. Where was disease contracted, if not at place of death? Place of death Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL 6-23 1915

20 UNDERTAKER Norris & Co. ADDRESS