

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jefferson
Vol. No. 13
Inc. Town Chattanooga
City Reverdy (No. 0) St. Ward

Registration District No. 7135
Primary Registration Dist. No. _____

File No. 24028

Registered No. 32
(If death occurred in a hospital or other institution give its name, location, file no. and number.)

FULL NAME Eunnie Dove

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the year)

DATE OF BIRTH Feb 9, 1855
(Month) (Day) (Year)

AGE 61 yrs. 7 mos. 18 ds. If LESS than 1 day...hrs., or...min.?

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

BIRTHPLACE (State or country) England

19 NAME OF FATHER Dont know

21 BIRTHPLACE OF FATHER (State or country) England

23 MAIDEN NAME OF MOTHER Dont know

25 BIRTHPLACE OF MOTHER (State or country) England

24 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Dove
(Address) Chattanooga

26 7-27, 1916 REGISTRAR J. L. Thomas

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 27, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 26, 1916, to Sept 27, 1916, that I last saw her alive on Sept 27, 1916, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Inflammation of bowels

(Duration) 4 ds.

Contributory (secondary) _____ (Duration) 7 yrs. 1 mo. 1 ds.

(Signed) L. Roy Miller, M. D.
Sept 28, 1916 (Address) Chattanooga

*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 7 yrs. 1 mo. 1 ds. State 7 yrs. 1 mo. 1 ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL City DATE OF BURIAL 9-29, 1916

28 UNDERTAKER J. L. Thomas ADDRESS Chattanooga

WRITE PLAINLY. TYPE OR WRITE IN 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.

MAKING RESERVED FOR BRIDGE