

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PHYSICIANS SHOULD STATE EXACTLY, IN FULL, THE CAUSE OF DEATH IN THEIR REPORT, SO THAT IT MAY BE PROPERLY CLASSIFIED. NUMBER 10036 OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

442 ✓

1 PLACE OF DEATH
County Davidson
Civil Dist. PT Registration District No. 21901 File No. 443
Village _____ Primary Registration District No. _____ Registered No. 443
City Nashville (No H808, Alabama Ave St.; 24 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Mrs Myrtle Hultigan

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>Married</u> <small>(Write the usual)</small>	16 DATE OF DEATH <u>March 10</u> , 191 <u>6</u> <small>(Month) (Day) (Year)</small>	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 101</u> , 191 <u>6</u> , that I last saw her alive on <u>March 9</u> , 191 <u>6</u> , and that death occurred, on the date stated above, at <u>4:30</u> m. <u>4:30</u> a.m.
6 DATE OF BIRTH <u>January 25</u> , 187 <u>8</u> <small>(Month) (Day) (Year)</small>			18 CAUSE OF DEATH * was as follows: <u>Chronic Dyspepsia 1/2</u>	
7 AGE <u>38</u> yrs. <u>1</u> mos. <u>15</u> ds. <small>If LESS than 1 day, ... hrs. or ... min.?</small>			(Duration) <u>2</u> yrs. ... mos. ... ds.	
8 OCCUPATION <small>(a) Trade, profession, or particular kind of work.</small> <u>House Wife</u> <small>(b) General nature of industry, business, or establishment in which employed (or employer).</small>			Contributory _____ <small>(Occupation)</small>	
9 BIRTHPLACE <small>(State or country)</small> <u>Tenn</u>			(Signed) <u>J. H. Lusk M.D.</u> M. D. <u>March 10</u> , 191 <u>6</u> (Address) <u>Nashville Tenn</u>	
PARENTS	10 NAME OF FATHER <u>R. G. Gleason</u>	11 BIRTHPLACE OF FATHER <small>(State or country)</small> <u>Tenn</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.	
	12 MAIDEN NAME OF MOTHER <u>Alice Brooks</u>	13 BIRTHPLACE OF MOTHER <small>(State or country)</small> <u>Tenn</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. ... mos. ... ds. <small>(in the State) _____ yrs. ... mos. ... ds.</small> 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>R. G. Gleason</u> (Address) <u>Greenbrier Tenn</u>			19 PLACE OF BURIAL OR REMOVAL <u>Greenbrier Tenn</u> DATE OF BURIAL <u>March 11</u> , 191 <u>6</u>
20 UNDERTAKER <u>CUMBS & CHARLTON</u>			ADDRESS <u>NASHVILLE TENN.</u>	

File No. 101

MAR 10 1916

Form V-5, No. 4-10036