

Catherine Booen Brown Death Certificate

STANDARD CERTIFICATE OF DEATH,
CITY OF NASHVILLE,
COUNTY OF DAVIDSON-STATE OF TENNESSEE.

Registered No. 01374

Place of Death No. 608, Bessie St., 17th Ward If death occurred in a Hospital or Institution, give its NAME instead of street and number.

If death occurs away from USUAL RESIDENCE give facts called for under "Special Information." FULL NAME Catherine Booen Brown

87 11 9

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH.	
SEX <u>Female</u>	COLOR <u>white</u>	DATE OF DEATH <u>Aug 24</u> 190 <u>4</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>Sept 15</u> 18 <u>86</u> <small>(Month) (Day) (Year)</small>		I HEREBY CERTIFY, That I attended deceased, from <u>July 10th</u> 190 <u>4</u> to <u>Aug 23</u> 190 <u>4</u> that I last saw her alive on <u>Aug 23</u> 190 <u>4</u> and that death occurred on the date stated above, at <u>9:40</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widow</u>		a. N. The CAUSE OF DEATH was as follows: <u>"Old age"</u>	
BIRTHPLACE (State or County) <u>Ind</u>		Contributory <u>"Fractured hip"</u> <small>(duration) <u>44</u> days</small>	
NAME OF FATHER <u>Wm Brown</u>		(Signed) <u>Thos P. Newmon</u> M. D. <u>Aug 24</u> 190 <u>4</u> Address <u>H H T Prussell</u>	
BIRTHPLACE OF FATHER (State or County) <u>Ind</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
MAIDEN NAME OF MOTHER <u>Catherine Gilman</u>		Former or Usual Residence _____ How long at Place of Death? _____ Days	
BIRTHPLACE OF MOTHER (State or County) <u>Ind</u>		Where was disease contracted, if not at place of death? _____	
OCCUPATION <u>Housekeeper</u>		PLACE OF BURIAL OR REMOVAL <u>W. R. Cornelius & Co.,</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE OF BURIAL <u>Aug</u> 190 <u>4</u>	
(Informant) <u>Dr. E. J. Brown</u>		UNDERTAKER <u>W. R. Cornelius & Co.,</u>	
(Address) <u>city</u>		ADDRESS <u>Nashville, Tenn.</u>	
Filed _____ 190 <u>4</u> <u>AUG 24 1904</u> Registrar.			

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. B. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified.
 The "Special Information" for persons dying away from home should be given in every instance.

Gravestone



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