	STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics 512
or Registration	
	CERTIFICATE OF DEATH n District No
Village Primary Re	egistration District No. Reg. No. 666
City No. Pair	Grounds St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)
	yrsds. How long in U. S. if of foreign birth?yrsds,
2. FULL NAMEEUGENE DeMONTREVILLE	St., Ward. (If nonresident gire sity or form and Sees)
Fair grounds place of above Personal and Statistical Particulars	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINSLE, MARRIED. OR DIVERCED (write	WIDEWED. 21. DAYE OF DEATH (month, day, and year) Feb. 18, 1935 , 19
Male White Married ba. If married, widowed, or divorced HUSBAND of	22. I HEINERY CERTIFY, That I attended deceased from 2=18
HUSBAND of (or) WIFE of Augusta DeMontreville	I last saw h
6. DATE OF BIRTH (menth, day, and year)	to have occurred on the date stated above, ni2:30.mP . The principal cause of death and related causes of importance in order of onact were as follows: Duete of energy Duete of energy
GO 04	hrs.
8. Trade, profession, or particular kind of work does, as spinner, Supt. Annisemen sayer, bookkeeps, etc	nt Pk
Trails, profession, or particular kind of work done, as spinner, savyer, bookkeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date decased hert worked at this conceptation (needs hand spend in this	
10. Date deceased last worked at 11. Total time (years) this occupation (ments and apent in this	Contributory causes of impertance not related to principal cause:
year) occupation 13. BIRTHPLACE (city or 1078)	Over exercise.
(State or country) Minn.	
13. NAME 14. BIRTHPLACE (chy or take) (State or country)	Name of operation. What test confirmed diagnos's!
	23. If death was due to external cases (violence) fill in also the following:
6 16. BIRTHPLACE (city ac town)	Accident, suicide, or hosticide? Date of injury 10
(State or country) 17. INFORMANT Augusta De Montreville	Where did injury occurs. (Streetly city or town, rounty, and State) Specify whether injury necurred in industry, in home, or in public place.
(Address) Fairgrounds	Manner of lojery
13. BUNIAL, CREMATION, OR REMOVAL Place Washington, D.C., Date. 2-19-35	Nature of injury 25. Was disease or lajery in any way related to occuration of deceased?
19. UNDERTAKER Mational Funeral Home	If so, specify
20. PILED 2-20-35 14, M. Hra	(Signed) FUR M. D. Registrer. (Address)
DISTRIC	CLASS No. CLASS No. OF RECORD CLASS No. No. OF RECORD 283/2 SING THIS BEARS AND SEAT TO RECORD ON THE OTHER SIDE PART OF THE COMMENT O
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