


Martha Turbeville Logan Death


Certificate



RAY BLANTON
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner


STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219



Wendell Spurgeon
STATE REGISTRAR

AUG. 9, 1978

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.


 EUGENE W. FOWINKLE, M.D.
 Commissioner

1 PLACE OF DEATH

County Davidson # 153

Civil Dist. X

Village Northville

City Northville (No. 214, Tennon St.; Ward)

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

Landis

Registration District No. 191

Primary Registration District No. 191

File No. 131

Registered No. 131

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

2 FULL NAME Martha Logan

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>Widowed</u>	16 DATE OF DEATH <u>Feb. 11, 1919</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Aug 5, 1919</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 11, 1919</u> , to <u>Feb 11, 1919</u> , that I last saw her alive on _____, 191____, and that death occurred, on the date stated above, at <u>11 A.M.</u>	
7 AGE <u>79</u> yrs. _____ mos. _____ ds. <small>If LESS than 1 day, _____ hrs. or _____ min.?</small>			The CAUSE OF DEATH* was as follows: <u>Myo. Cardiac</u> - <u>90</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory _____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
9 BIRTHPLACE (State or country) <u>Tennessee</u>			(Signed) <u>A. H. Landis</u> M. D. <u>Feb. 10, 1919</u> (Address) <u>Northville Tenn</u>	
PARENTS	10 NAME OF FATHER <u>Wylie Turbeville</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
	12 MAIDEN NAME OF MOTHER <u>Mary Chutkanerry</u>		19 PLACE OF BURIAL OR REMOVAL <u>Mt Olivet Cem</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>			DATE OF BURIAL <u>2-13, 1919</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Miss M. L. Loeper</u> (Address) <u>Northville Tenn.</u>			20 UNDERTAKER <u>Haberman</u>	
15 Filed <u>2/11/19</u> , 191 <u>9</u>			ADDRESS <u>60</u>	

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