

Full Name: Mary Marina Miller  
 Date of Death: October 7th, 1940  
 County: Putnam, District 14  
 City of Town: Rural  
 Race or Color: White  
 Sex: Female  
 Single, Married, Widowed, or Divorced: Widowed  
 Age: 76 years, 8 months  
 Date of Birth: February 7th, 1864

Place of Birth: Overton, Tennessee  
 Husband of Wife of: John Miller  
 If Veteran Name of War: No  
 Social Security Number: No  
 Usual Occupation: Housewife  
 Father Full Name: Sanford Gray Ramsey  
 Father Birthplace: Overton, Tennessee  
 Mother Maiden Name: Liza Katherine Newberry  
 Mother Birthplace: Overton, Tennessee  
 Informant: Mrs. Shirly Bilbrey  
 Burial, Removal, or Cremation: Burial, October 8th, 1940

**CERTIFICATE OF DEATH** 23762

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS  
 COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 13  
 REG. DIST. NO. 722

7214  
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7214

1. FULL NAME Mary Marina Miller 2. DATE OF DEATH Oct 7 1940

3. PLACE OF DEATH:  
 A) COUNTY Putnam CIVIL DISTRICT 14  
 B) CITY OR TOWN Rural  
 C) NAME OF HOSPITAL \_\_\_\_\_  
 D) LENGTH OF STAY: IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

4. LEGAL RESIDENCE: A) STATE Tennessee  
 B) COUNTY Putnam CIVIL DISTRICT 14  
 C) CITY OR TOWN Monterey R3  
 D) STREET NO. \_\_\_\_\_  
 E) IF FOREIGN BORN HOW LONG IN U.S.A. \_\_\_\_\_ YRS.

5. RACE OR COLOR W 6. SEX Female 7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed

8. AGE 76 YEARS 8 MONTHS 0 DAYS IF LESS THAN ONE DAY \_\_\_\_\_ HRS. \_\_\_\_\_ MINS.

9. DATE OF BIRTH: MONTH Feb DAY 7 YEAR 1864

10. PLACE OF BIRTH: CITY OR COUNTY Overton STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF John Miller  
 AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER no

13. USUAL OCCUPATION Housewife

14. INDUSTRY OR BUSINESS \_\_\_\_\_

15. FATHER FULL NAME Sanford Gray Ramsey  
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Overton Tenn

16. MOTHER MAIDEN NAME Liza Katherine Newberry  
 BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Overton Tenn

17. INFORMANT Mrs Shirly Bilbrey  
 ADDRESS Monterey R3

18. BURIAL, REMOVAL OR CREMATION Buried DATE Oct 8 1940  
 CEMETERY Camp Ground PLACE Camp Ground

19. UNDERTAKER M. G. Goff  
 ADDRESS Monterey BY M. G. Goff

DATE FILED Oct 9 1940 REGISTRAR

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 25 1940 TO Oct 7 1940 AND THAT I LAST SAW HIM ALIVE ON Oct 5 1940 AND THAT DEATH OCCURRED ON THE DATE STATED AT 3 A.M.

IMMEDIATE CAUSE OF DEATH: Myocardial Insufficiency  
Essential Hypertension

DURATION 73 D

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) \_\_\_\_\_  
 OPERATION? FINDINGS \_\_\_\_\_  
 AUTOPSY? FINDINGS \_\_\_\_\_

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_  
 B) DATE OF OCCURRENCE \_\_\_\_\_  
 C) WHERE DID INJURY OCCUR \_\_\_\_\_ CITY COUNTY STATE  
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? \_\_\_\_\_

WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_

SIGNATURE P. M. Crain M.D.  
 ADDRESS Monterey Tenn DATE SIGNED 11-7-40

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.  
 WRITE LEGIBLY USE INK  
 ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.  
 THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.  
 THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.  
 IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).  
 ALL CERTIFIED COPIES ARE MADE WITH PHOTOSTAT.

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