

1 PLACE OF DEATH

County PutnamCivil Dist. First

Village _____

City Cookville (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 2216

File No. _____

Primary Registration District No. 4226 Registered No. 2

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

2 FULL NAME William L Ray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH April 27, 1839
(Month) (Day) (Year)7 AGE 78 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): _____9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Joe Ray11 BIRTHPLACE OF FATHER (State or country) N. C.12 MAIDEN NAME OF MOTHER Nancy McCalib13 BIRTHPLACE OF MOTHER (State or country) N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marshall Ray(Address) Cookville Tenn15 Filed Jan 6, 1916 Lee Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 5, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Jan 5, 1916, that I last saw him alive on Jan 5, 1916, and that death occurred, on the date stated above, at 10 a. m.The CAUSE OF DEATH* was as follows:
TuberculosisContributory (SECONDARY) _____ (Duration) yrs. mos. ds.
(Signed) J. L. Ray, M. D.
Jan 5, 1916 (Address) Cookville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 _____19 PLACE OF BURIAL OR REMOVAL West Grave Yard DATE OF BURIAL 1/6, 191620 UNDERTAKER Marshall Ray ADDRESS Cookville

WITH PLAIN, WITH UNPAID IRK-TIME A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.