

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.

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

1 PLACE OF DEATH
 County Putnam Co
 Civil Dist. 2 Registration District No. H7202 File No. 21
 or Village _____ Primary Registration District No. _____ Registered No. 21
 or City Cookman (No. _____, St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Riley Bray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>	16 DATE OF DEATH <u>June 23, 1914</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>17</u> (Month) <u>Not given</u> (Day) <u>1</u> (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.
7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?			
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> <u>O/D</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH * was as follows: <u>505</u> <u>So grossly This is one that had failed to be reported to a recently there was not any doctor</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory <u>Given or reported in the case</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____ M. D. _____, 191____ (Address) _____
9 BIRTHPLACE (State or country) <u>Putnam Co Tenn</u>			
10 NAME OF FATHER _____			
PARENTS	11 BIRTHPLACE OF FATHER (State or country) <u>Not given</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	12 MAIDEN NAME OF MOTHER _____		
	13 BIRTHPLACE OF MOTHER (State or country) _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>J M Rice</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 _____	
(Address) <u>Baxter R 2</u>		19 PLACE OF BURIAL OR REMOVAL <u>family cemetery</u>	
15 Filed <u>Dec 1914</u> <u>E W Jackson</u> REGISTRAR	20 UNDERTAKER <u>J M Rice</u>		DATE OF BURIAL <u>June 24, 1914</u>
		ADDRESS <u>Baxter R 2</u>	