

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

1 PLACE OF DEATH		STATE OF TENNESSEE	
County <u>Putnam</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>First</u>		CERTIFICATE OF DEATH	
or Village _____		Registration District No. <u>721</u>	File No. _____
or City <u>Cookeville</u> (No. _____, St.; _____ Ward)		Primary Registration District No. <u>4720</u>	Registered No. <u>36</u>
2 FULL NAME <u>Wilson West</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (Write the word)	16 DATE OF DEATH <u>Sept. 21, 1916</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>July 10, 1883</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to <u>Sept. 18, 1916</u> , that I last saw him alive on <u>Sept. 18, 1916</u> , and that death occurred, on the date stated above, at <u>5 A.M.</u>	
7 AGE <u>31</u> yrs. <u>7</u> mos. <u>11</u> ds.	8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		The CAUSE OF DEATH* was as follows: <u>Prostatic disease</u> <u>135</u>
9 BIRTHPLACE (State or country) <u>Tennessee</u>		Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Anderson West</u>	(Signed) <u>J. P. Stone</u> M. D. <u>Sept. 21, 1916</u> (Address) <u>Cookeville Tenn</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>T. C.</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 <u>Mary</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 _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>T. C.</u>	19 PLACE OF BURIAL OR REMOVAL <u>Bilby Station</u>		DATE OF BURIAL <u>Sept. 21, 1916</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Doan West</u> (Address) <u>Cookeville R. 1</u>		20 UNDERTAKER <u>Troy Cantrell</u>	
15 Filed <u>Sept. 21, 1916</u> <u>L. E. Dyer</u> REGISTRAR		ADDRESS <u>Paradell</u>	