

WHITE 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
 County Fulton
 Civil Dist. First or Village _____
 City Cookeville R# 2 (No. _____, St.; _____ Ward)
 Registration District No. 721 File No. _____
 Primary Registration District No. 4 7201 Registered No. 9

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

2 FULL NAME Columbus Jackson Davis

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

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 Aug 8, 1840
 (Month) (Day) (Year)

7 AGE 76 yrs. 5 mos. 29 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) Tennessee

PARENTS
 10 NAME OF FATHER Henry Davis
 11 BIRTHPLACE OF FATHER (State or country) N.C.
 12 MAIDEN NAME OF MOTHER Sue West
 13 BIRTHPLACE OF MOTHER (State or country) N.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1916, to Feb 7, 1917, that I last saw him alive on Feb 6, 1917, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:
Organic Heart Disease

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Lex Dyer M. D.
 (Address) Cookeville, Ten.

*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: _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Hester Davis
 (Address) Cookeville R# 2

15 Filed Feb 7, 1917 Lex Dyer
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL West Grave Yard DATE OF BURIAL Feb 8, 1917
 20 UNDERTAKER J. W. H. Taylor ADDRESS Cookeville, Ten.