

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
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

County Putnam Civil Dist. First Registration District No. 721 File No. _____
or _____ Village _____ Primary Registration District No. 27201 Registered No. 13
or _____ City Cooperville (No. _____, St. _____, Ward _____)

2 FULL NAME Mrs Lydia A. Davis

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed
(Write the word)

6 DATE OF BIRTH Sept. 3, 1848
(Month) (Day) (Year)

7 AGE 68 yrs. 6 mos. 11 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Wesley Solomon

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER our name

13 BIRTHPLACE OF MOTHER (State or country) our name

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wesley Davis
(Address) Cooperville Tenn

15
Filed Feb 15, 1917 Lex Dyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1917, to May 1, 1917,
that I last saw her alive on Feb 1, 1917,
and that death occurred, on the date stated above, at 1 P.M.

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

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory La Grippe
(SECONDARY)

(Signed) J. H. Dyer + Lex Dyer, M. D.
(Address) Cooperville

*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 Cooperville Cemetery **DATE OF BURIAL** 31.12.1917

20 UNDERTAKER Jere Whitson White Cooperville **ADDRESS**