

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>20th</u>		CERTIFICATE OF DEATH	
or Village <u>Baxter, Tenn.</u>		Registration District No. <u>47220</u>	File No. <u>5</u>
or City _____ (No. _____, St.; _____ Ward)		Primary Registration District No. _____	Registered No. _____
2 FULL NAME <u>Roda F. Boyd</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>April 2, 1917</u> <small>(Month) (Day) (Year)</small>
6 DATE OF BIRTH <u>Aug 5, 1849</u> <small>(Month) (Day) (Year)</small>	7 AGE <u>67</u> yrs. <u>8</u> mos. <u>8</u> ds.		17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 7, 1915</u> , to <u>April 2, 1917</u> , that I last saw her alive on <u>Mar 5, 1917</u> , and that death occurred, on the date stated above, at <u>10 P. m.</u>
8 OCCUPATION <small>(a) Trade, profession, or particular kind of work</small> <u>Housewife</u> <small>(b) General nature of industry, business, or establishment in which employed (or employer)</small>		The CAUSE OF DEATH * was as follows: <u>Myocarditis</u>	
9 BIRTHPLACE <small>(State or country)</small> <u>Tennessee</u>		_____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
PARENTS	10 NAME OF FATHER <u>David N. Nichols</u>	Contributory <u>Old age</u> <small>(SECONDARY)</small>	
	11 BIRTHPLACE OF FATHER <small>(State or country)</small> <u>Virginia</u>	_____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
	12 MAIDEN NAME OF MOTHER <u>Betty A. Jared</u>	(Signed) <u>L. J. ...</u> , M. D. <u>Mar 6, 1917</u> (Address) <u>Baxter, Tenn.</u>	
	13 BIRTHPLACE OF MOTHER <small>(State or country)</small> <u>Tennessee</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) <u>R. B. Boyd</u>  (Address) <u>Baxter, Tenn.</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 _____	
15 Filed <u>5-10-17</u> , <u>W. F. J. ...</u> REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Baxter, Tenn.</u>	DATE OF BURIAL <u>April 3, 1917</u>
		20 UNDERTAKER <u>✓</u>	ADDRESS <u>✓</u>