

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Kutwami
Civil Dist. First or Village _____
City Cookeville R. (No. _____, St.; _____ Ward)
Registration District No. 721 File No. _____
Primary Registration District No. 47201 Registered No. 25
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Isaac Newton Buck

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
6 DATE OF BIRTH July 28, 1838
(Month) (Day) (Year)

7 AGE 78 yrs. 9 mos. 26 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

10 NAME OF FATHER Isaac Buck

11 BIRTHPLACE OF FATHER (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Simerly

13 BIRTHPLACE OF MOTHER (State or country) N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. N. Buck
(Address) Cookeville Tenn

15
Filed 5/25, 1917 J. N. Buck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1917
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from May 18 1917, to May 19, 1917, that I last saw him alive on May 19, 1917, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Paralysis 716

Contributory _____ (SECONDARY) _____ (Duration) ---- yrs. ---- mos. ---- ds.
(Signed) J. N. Dyer _____, M. D.
_____, 191____ (Address) Cookeville

*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 Wagon Yard **DATE OF BURIAL** May 25, 1917

20 UNDERTAKER J. N. Whitson **ADDRESS** Hdels Cookeville