

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

475

County Kelso
Civil Dist. First
or
Village _____
or
City Putnam Community Farm

Registration District No. 721
Primary Registration District No. 47201

File No. _____
Registered No. 29

St.; _____ Ward

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

2 FULL NAME S. W. Brown

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH July 5, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH June 6, 1835
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1916 to July 1917, that I last saw him alive on July 5, 1917, and that death occurred, on the date stated above, at 3 P.M.

7 AGE 82 yrs. 29 ds. If LESS than 1 day, -----hrs. or -----min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Chronic Bronchitis
1917
.....(Duration).....yrs.mos.ds.

9 BIRTHPLACE (State or country) Tennessee

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

10 NAME OF FATHER Wm. F. Knowlton

(Signed) Ray Dyer M. D. 7/6, 1917 (Address) Cookeville

11 BIRTHPLACE OF FATHER (State or country) Went. Mass.

*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 _____

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

13 BIRTHPLACE OF MOTHER (State or country) _____

At place of death, -----yrs.mos.ds. In the State -----yrs.mos.ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, If not at place of death? _____

(Informant) Ray Dyer

Former or usual residence _____

(Address) Cookeville, Tenn.

19 PLACE OF BURIAL OR REMOVAL West Grove Yard DATE OF BURIAL July 6, 1917

15 Filed July 6, 1917 Ray Dyer REGISTRAR

20 UNDERTAKER Wm. King ADDRESS Cookeville