

RECORDS RECEIVED FOR BINDING

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

County Putnam  
Civil Dist. 20  
OR  
Village Baxter  
OR  
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

468

CERTIFICATE OF DEATH

Registration District No. 47220 File No. 39  
Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

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

2 FULL NAME Nathan M. Cox

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED? Married  
(Write the word)

6 DATE OF BIRTH May 19 1844  
(Month) (Day) (Year)

7 AGE 74 yrs. 5 mos. 2 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) Tenn.

10 NAME OF FATHER Nathaniel Cox

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Amanda Cox  
[Address] Baxter Tenn.

15 Filed 10-4-19 A. R. Judd  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 21 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1919 to Sept 21 1919, that I last saw him alive on Sept 21 1919, and that death occurred, on the date stated above, at 7:10 P. M.  
The CAUSE OF DEATH\* was as follows:

Tuberculosis 31

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed W. J. Sewell M. D.  
Sept 22 1919 Address Baxter Tenn.

\* 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 . DATE OF BURIAL \_\_\_\_\_, 191\_\_\_\_

20 UNDERTAKER ADDRESS \_\_\_\_\_