

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

306

1 PLACE OF DEATH
County Putnam
Civil Dist. 8 Registration District No. 47208 File No. _____
or _____ Primary Registration District No. _____ Registered No. 2
Village _____
or _____
City _____ (No. _____, St.; _____ Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Holland Thomas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

6 DATE OF BIRTH Aug 15, 1906
(Month) (Day) (Year)

7 AGE 3 yrs. 7 mos. 5 ds. -If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Chester Thomas

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Belle Allison

13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 20, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1920, to Feb 20, 1920 that I last saw him alive on Feb 20, 1920 and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:
Diphtheria

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

(Signed) J. D. Hickey M. D.
Feb 21, 1920 (Address) Putnam 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sherron Garrison
(Address) Putnam Tenn

15 Filed Feb 21, 1920 Douglas Martin REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Thomas Cemetery DATE OF BURIAL Feb 21, 1920
20 UNDERTAKER Brancy Thomas ADDRESS Putnam Tenn