

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. 6
 OR
 Village Brookston
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47206 File No. 78
 Primary Registration District No. _____ Registered No. 13
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Steve Bilbey

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH mar. 7 1893
 (Month) (Day) (Year)

7 AGE 88 yrs. 3 mos. 13 ds. If LESS than 1 day..... hrs. or..... min.?

8 OCCUPATION Farmer
 (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) _____

10 NAME OF FATHER Lord Bilbey

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Nancy Copeland

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Walter Bilbey
 [Address] _____

15 Filled by Millie Judd
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Last few years to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Epithelioma in region of ear.
48

[Duration] 2 yrs. ____ mos. ____ ds.
 Contributory [SECONDARY] _____
 [Duration] _____ yrs. ____ mos. ____ ds.

Signed J. H. Wood M. D.
June 20, 1921 Address Alywood

* 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 6-21-21

20 UNDERTAKER _____ ADDRESS _____