

MARGIN RESERVED 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. 2
 OR
 Village Double Springs
 OR
 City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47207
 Primary Registration District No. 7

36/
 22,
 File No. _____
 Registered No. _____

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

2 FULL NAME Lee Brown

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ 1 (Year)

7 AGE 36 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Rail-Roader. (b) General nature of industry, business, or establishment in which employed (or employer) -b. 40.

9 BIRTHPLACE (State or country) Putnam Co.

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mary J. Cash

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Armstrong Higgenbotham [Address] Double Springs

15 Filed Jan 15 1922 Ans Jernigan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 8 1922 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 31 1921 to Jan 2 1922 that I last saw him alive on Jan 2 1922 and that death occurred, on the date stated above, at 2 A M

The CAUSE OF DEATH* was as follows: Cerebral congestion caused from influenza

[Duration] _____ yrs. _____ mos. _____ ds. Contributory (SECONDARY) Influenza [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. I. Allison M. D. Jan 15 1922 Address Bloomington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 Cash Graveyard DATE OF BURIAL Jan 9 1922

20 UNDERTAKER Oscar Goolbey ADDRESS _____