

WRITE PLAIN 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. 8th
 OR
 Village _____
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 2208
 Primary Registration District No. _____

File No. 49
 Registered No. 3

2 FULL NAME Still Born Delaney St.; _____ Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH Jan 26th 1922
 (Month) (Day) (Year)
 7 AGE Still born If LESS than 1 day, ____ hrs. ____ min.?
 yrs. mos. ds.

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)

Silver Point R # 2

10 NAME OF FATHER

William Delaney

11 BIRTHPLACE OF FATHER (State or country)

Tenn.

12 MAIDEN NAME OF MOTHER

Charles Montgomery

13 BIRTHPLACE OF MOTHER (State or country)

Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] C. A. Briggs
 [Address] Silver Point R # 2

15

Filed Jan 27 1922 Douglas Martin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26th 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th 1922 to Jan 26th 1922, that I last saw h. Stillborn, 1922 and that death occurred, on the date stated above, at 10 A M

The CAUSE OF DEATH* was as follows:

Stillborn

Contributory [SECONDARY]

Signed R. H. Miller M. D.
Jan 27 1922 Address Doyleton 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

Dobbs Cemetery Jan 27 1922

20 UNDERTAKER

Jacob Smith Silver Point R # 2