

RECORDS RESERVED FOR DIVISION

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. 1st
OR
Village
OR
City Cookeville (No. _____) St.: _____ Ward _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 721
Primary Registration District No. 47201

File No. 52

Registered No. 4

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

2 FULL NAME Joel Phy

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 Febry 9 1861
(Month) (Day) (Year)
7 AGE 61 yrs. 2 mos. 7 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) Tennessee

PARENTS
10 NAME OF FATHER Galvis Phy
11 BIRTHPLACE OF FATHER (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Mrs. Burgess
13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Inferant] Benjamin Whiteaker
[Address] Cookeville R#1

15 Filed 7-27-22 Ray Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Febry 11 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw him alive on Febry 9 1922 and that death occurred, on the date stated above, at 29 M
The CAUSE OF DEATH* was as follows:

Organic Heart Disease
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed W. A. Howard M. D.
2/27 1922 Address Cookeville 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]
A 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 Phillipp Green Yd DATE OF BURIAL 2/12 1922
20 UNDERTAKER Neighbors ADDRESS Cookeville Tenn