

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 PutmanCivil Dist. 5thVillage Baxter #2

City _____ (No. _____ St.: _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47208

Primary Registration District No. _____

File No. 53Registered No. 2

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

2 FULL NAME Arthur R. Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Feb 14 1922
(Month) (Day) (Year)7 AGE _____ yrs. _____ mos. 1 ds. If LESS than 1 day, 12 hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Arthur P. Brown11 BIRTHPLACE OF FATHER [State or country] Tenn.12 MAIDEN NAME OF MOTHER Nancy Grider13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Arthur Brown[Address] Baxter #2

15

Filed Feb 15 1922Douglas Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 15 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 _____ to 191 _____

that I last saw him alive on Feb 15 1922and that death occurred, on the date stated above, at 11 A. MThe CAUSE OF DEATH* was as follows: 162Asphyxia

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] Mother having Puerperal convulsions

[Duration] _____ yrs. _____ mos. _____ ds.

Signed Augustus A. Bradley M. D.191 _____ Address Cotterville 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 Boling SpringsDATE OF BURIAL Feb 15 192220 UNDERTAKER Bob McKeyADDRESS Baxter