

WRITE PLAIN INK 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. 6th  
 or  
 Village \_\_\_\_\_  
 or  
 City Brotherton (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_

File No. 59  
 Registered No. \_\_\_\_\_

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

2 FULL NAME \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_  
 6 DATE OF BIRTH 2 7, 1922  
 (Month) (Day) (Year)

7 AGE still born If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ 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) \_\_\_\_\_

10 NAME OF FATHER Orgo Barnes

11 BIRTHPLACE OF FATHER (State or country) Humr

12 MAIDEN NAME OF MOTHER Fannie Rockwell

13 BIRTHPLACE OF MOTHER (State or country) Humr

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Orgo Barnes  
 (Address) Brotherton

15 Filled \_\_\_\_\_, 1922 Millie Gidd  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7, 1922  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 1922, to Feb 7 1922, that I last saw him still born, 1922, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:  
Don't know  
Had been dead for  
some time before  
delivery (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Signed J. P. Moore M. D.  
Feb 7, 1922 (Address) Algood

\*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 Brotherton DATE OF BURIAL 228, 1922  
 20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_