

1 PLACE OF DEATH

County PutnamCivil Dist. 12or
Village _____or
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 724Primary Registration District No. 724File No. 60Registered No. 2

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

2 FULL NAME unnamed

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 2 8, 1922
(Month) (Day) (Year)

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER James Monroe Dedmon

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary Deasonover

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Dedmon
(Address) Buffalo valley, Tenn.

15 Filled 3/18, 1922 by Mrs. Solar McDonald
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2/8, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191, to _____, 191,
that I last saw h. _____ alive on _____, 191,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Child was still born
cause of death unknown

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.
(Duration) _____ yrs. _____ mos. _____ ds.

(Address) _____, 191 _____

*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 Dedmon family DATE OF BURIAL 2/9, 1922

20 UNDERTAKER Dedmon & Warray ADDRESS Buffalo valley, Tenn.