

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. 3
or Village _____
or City Rockwell & Co (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 722
Primary Registration District No. 47208

File No. 63
Registered No. 9

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

2 FULL NAME Stillborn not named

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
6 DATE OF BIRTH Feb 8 1922
(Month) (Day) (Year)
7 AGE Stillborn 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) Putnam

10 NAME OF FATHER Jim Buckner

11 BIRTHPLACE OF FATHER (State or country) Putnam

12 MAIDEN NAME OF MOTHER Lumie Maddox

13 BIRTHPLACE OF MOTHER (State or country) Putnam

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jim Buckner
(Address) Rockwell & Co

15 Filed March 28 1922 R B Clouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 18 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 18 1922 to Feb 18 1922, that I last saw him alive on Feb 18 1922, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was, as follows:
Excessive size of a child weighing 15 1/2 lbs needed
(Duration) . . . yrs. . . . mos. . . . ds.

Contributory (SECONDARY) _____
(Duration) . . . yrs. . . . mos. . . . ds.
(Signed) J D Mason
Feb 18 1922 (Address) Alford 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 Bobson County DATE OF BURIAL Feb 18 1922

20 UNDERTAKER Jim Buckner ADDRESS Rockwell