

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. 7
Village Double Springs
City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47207
Primary Registration District No. _____

File No. 24
Registered No. _____

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

2 FULL NAME Still birth.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6 DATE OF BIRTH Feb. 24, 1922
7 AGE 2 yrs. 2 mos. 1 ds.
IF LESS than 1 day, X hrs. or X min.?

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 Putnam Co.
10 NAME OF FATHER Virgie Patton
11 BIRTHPLACE OF FATHER Putnam Co.
12 MAIDEN NAME OF MOTHER Rodey Allen
13 BIRTHPLACE OF MOTHER Jackson Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Virgie Patton
(Address) Double Springs

15 Filed Mar 2, 1922 A. J. J. J. J.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 24, 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:
Still born
Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) _____ (Address) _____, 191__ (Address)

*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 _____ DATE OF BURIAL Feb. 24, 1922
20 UNDERTAKER _____ ADDRESS _____