

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 Putnam
 Civil Dist. 11
 OR
 Village _____
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 725 File No. 77
 Primary Registration District No. 11 Registered No. _____

2 FULL NAME Hettie Selmy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 (Write the word)
 6 DATE OF BIRTH Oct 26 1884
 (Month) (Day) (Year)
 7 AGE 77 yrs. 6 mos. 27 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Thomas Paul
 11 BIRTHPLACE OF FATHER [State or country] North Carolina
 12 MAIDEN NAME OF MOTHER Sarah Paul
 13 BIRTHPLACE OF MOTHER [State or country] North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed June 20 1922 W. R. Medley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 23 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 18 1922, to March 23, 1922, that I last saw her alive on March 20, 1922, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Alleged Colitis 114
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J. G. Smith M. D.
June 17, 1922 Address Silver Point, 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 Home DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____