

MARGIN RESERVED FOR BINDING

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 PutnamCivil Dist. 11OR
Village _____OR
City _____

(No. _____, St.; _____ Ward)

2 FULL NAME

Fred Miller Maddox

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATHRegistration District No. 125Primary Registration District No. 11File No. 88

Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single6 DATE OF BIRTH Feb 20 1883
(Month) (Day) (Year)7 AGE 39 yrs. 1 mos. 18 ds.
If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work merchant & farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Rowden D. Maddox11 BIRTHPLACE OF FATHER [State or country] Tenn12 MAIDEN NAME OF MOTHER Mary Burton13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Sallie Jared[Address] Buffalo Valley Tenn15 Filed Jan 9 1922 W.R. Medley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 8 1922
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Nov. 9 1911 to Apr 8 1922, that I last saw him alive on Apr 8 1922 and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Intercranial hemorrhage (Apoplexy)[Duration] yrs. 5 mos. ds.

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.

Signed Samuel Denton, M.D. 191____ Address Buffalo Valley 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 _____ DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____