STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

File No. 99
Registered No. 9

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

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Putnam

Civil Dist. 10th.

OR

Village

OR

City (No. , St.; Ward)

Registration District No. 721

Primary Registration District No. 47201

2 FULL NAME Stillborn Crook

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): S

6 DATE OF BIRTH: Apr (Month) 24 (Day) 1927 (Year)

7 AGE: yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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): Tennessee

PARENTS

10 NAME OF FATHER: Wash Crook

11 BIRTHPLACE OF FATHER [State or country]: Tennessee

12 MAIDEN NAME OF MOTHER: Jannie Robertson

13 BIRTHPLACE OF MOTHER [State or country]: Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] C. P. Martin

[Address] Cookeville

15

Filed Apr 26, 1927 Lex Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr [Month] 24 [Day] 1927 [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:

Premature Child

[Duration] ... yrs. ... mos. ... ds.

Contributory [SECONDARY] Still

[Duration] ... yrs. ... mos. ... ds.

Signed C. P. Martin M. D.

..., 191... Address Cookeville

* 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: Back Grave Yd.

DATE OF BURIAL: Apr 24 1927

20 UNDERTAKER

ADDRESS

Form V. S. No. 4 20M Tennessee Industrial School Print