

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 Putnam
 Civil Dist. 8
 Village _____
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47208

File No. 100

Primary Registration District No. _____

Registered No. 6

(No. _____ St.; Ward _____)

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

2 FULL NAME Max Sherrell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6 DATE OF BIRTH March 27 1869
 7 AGE 52 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Farm
 (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) Tenn.

10 NAME OF FATHER Joseph Sherrell

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Eliza Stewart

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Manfield Roberts

[Address] Silver Point R 2

15 Filed May 22 1922 Douglas Martin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 14 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 22 1922 to April 24 1922, that I last saw him alive on Apr 24 1922, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs

[Duration] 1 yrs. 4 mos. 0 ds.

Contributory [SECONDARY] _____

[Duration] 7 yrs. 0 mos. 0 ds.

Signed L. Stone M. D.

May 14 1922 Address Silver Point

* 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 Whitney Cemetery DATE OF BURIAL May 2 1922

20 UNDERTAKER Tomona Cawley ADDRESS Box 25 R 2