

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. # 18

or Village _____

or City _____

Registration District No. 87218

Primary Registration District No. _____

(No. _____, _____ St.; _____ Ward)

File No. 101

Registered No. 3

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

2 FULL NAME Vernie Stockton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>4</u> (Month) <u>5</u> (Day) <u>1922</u> (Year)		
7 AGE <u>1</u> yrs. <u>1</u> mos. <u>0</u> 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) 18th Dist Putnam Co Tenn

PARENTS

10 NAME OF FATHER <u>Wade Stockton</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>
12 MAIDEN NAME OF MOTHER <u>Pearlie Montgomery</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bob Bryant
(Address) Baxter Tenn

15 Filed May 6, 1922 W.R. Mc Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 (Month) 5 (Day) 1922 (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 12 P.M.

The CAUSE OF DEATH * was as follows:
Hooping Cough
No Doctor in Charge
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W.R. Mc Brown
5-6-22 (Address) Bloomington

*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 <u>8th Dist</u>	DATE OF BURIAL <u>5-7-1922</u>
20 UNDERTAKER <u>Bob Bryant</u>	ADDRESS <u>Baxter Tenn</u>