

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
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4-8-8
Primary Registration District No. _____

File No. 109
Registered No. 7

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

2 FULL NAME Andru Sherrell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Feb 17, 1910
(Month) (Day) (Year)

7 AGE 11 yrs. 3 mos. 10 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. 0
(b) General nature of industry, business, or establishment in which employed (or employer). 0

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Mat Sherrell

11 BIRTHPLACE OF FATHER (State or county) Tenn

12 MAIDEN NAME OF MOTHER Francis Roberts

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis Sherrell
(Address) Box 2 Tenn

15 FILED May 27, 1922 Douglas Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1922 to May 26, 1922; that I last saw her alive on May 26, 1922, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH * was as follows:
Acute Indigestion
due to

Contributory improper diet
(SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Thos G. Ford M. D.
May 29, 1922 (Address) Box 2 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 Wm. C. Cemetery DATE OF BURIAL May 28, 1922

20 UNDERTAKER Ga. Ford ADDRESS Route, R 2