

WRITE P. & N. LY. 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. 1st
 or Village _____
 or City Cookeville (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 121 File No. 120
 Primary Registration District No. 121 Registered No. 20

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

2 FULL NAME Richard Franklin Kerby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Nov. 17, 1911
(Month) (Day) (Year)

7 AGE 28 yrs. mos. ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Labourer 196
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Thos. Kerby

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Diana Whitlow

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs Lizzie Kerby
 (Address) Cookeville Tenn

15 Filed Sept 1 1922 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20, 1922
(Month) (Day) (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:
Electrocuted by 196
throwing wire across
transmission wire, to commit
suicide. (Duration) ___ yrs. ___ mos. ___ ds.
 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 (Signed) J. H. Hodge coroner
 191___ (Address) Cookeville

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 Brentwood Gravel DATE OF BURIAL June 21, 1922
 20 UNDERTAKER _____ ADDRESS _____