

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. 17
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47217
 Primary Registration District No. 17

File No. 122
 Registered No. 7

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

2 FULL NAME Ballie Boyd

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6 DATE OF BIRTH _____, 1955
 (Month) (Day) (Year)
 7 AGE 64 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS
 10 NAME OF FATHER William Lee
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Mandy Roberts
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) _____
 (Address) _____

15 Filled June 22 1923 Mizzell Duke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1923
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Paralysis
No doctor in attendance
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) _____, M. D.
 _____, 191____ (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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 Smelley Cem DATE OF BURIAL June 22, 1923
 20 UNDERTAKER Warshie Maywell ADDRESS _____

RFD 51