

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. 20
 OR
 Village Baxter
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47220
 Primary Registration District No. _____

File No. 125
 Registered No. _____

2 FULL NAME

(No. _____ St.; _____ Ward) Thomas J. Dawes

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 1, 1889
 (Month) (Day) (Year)

7 AGE 33 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Merchant 786
 (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 Matt Dawes

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Phoebe Burgess

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Matt Dawes
 [Address] Baxter Tenn

15 Filed 9/10/22 A. R. Judd
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/3 1922 to 7/3 1922, that I last saw him alive on 7/3 1922 and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows: Hit in head by piece of wood
Homicide
 [Duration] yrs. 1 mos. 9 ds.

Contributory [SECONDARY] _____ [Duration] yrs. _____ mos. _____ ds.

Signed T. J. Ford M. D.
 1912 Address _____

* 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 _____ DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____