

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 Silverpoint  
OR  
City (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. 127

Registered No. \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lettie Maynard

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 11 1860  
(Month) (Day) (Year)

7 AGE 68 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER James Galley

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Leas Winchester

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Geo Hedgcock  
(Address) Silverpoint

15 Aug 1922  
Registrar George Martin

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from June 20 1922 to June 25 1922. that I last saw her alive on June 28<sup>th</sup> 1922 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
flux was the cause of death, inflammation of the stomach and bowels  
[Duration] yrs. mos. & ds.

Contributory [SECONDARY] 114  
[Duration] yrs. mos. ds.

Signed P. V. Whitefield M. D.  
191 Address Silverpoint

\* 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 Presant View c DATE OF BURIAL July 11 1922

20 UNDERTAKER Geo Hedgcock ADDRESS Silverpoint