

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. 1st

Village _____

City Cookeville (No. _____) St.; _____ Ward _____

2 FULL NAME

Stillborn Scott

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 721

Primary Registration District No. 27201

File No. 138

Registered No. 21

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 _____
(Month) (Day) (Year)

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

8 OCCUPATION
(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) Tennessee

10 NAME OF FATHER Jimmy Joe Scott

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Lena Haynes

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Insignant] Lex Dyer
[Address] Cookeville

15 Filed July 1927 Lex Dyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3 1927
[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:

Stillborn
Breech Presentation
[Duration] yrs. mos. ds.

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

Signed Lex Dyer M. D.
191____ Address Cookeville

* 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 Cookeville Cemetery DATE OF BURIAL July 1927
20 UNDERTAKER _____ ADDRESS _____