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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Putnam

Civil Dist. 20 or Village Baxter or City (No. , St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 47220

Primary Registration District No.

File No. 140 18

Registered No.

2 FULL NAME Claudie Brassell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Aug (Month) 25 (Day) 1906 (Year)

7 AGE 15 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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) Tenn.

PARENTS

10 NAME OF FATHER Willis Claude Brassell

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Fannie Elmore

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. C. Brassell

(Address) Baxter Tenn

15 Filed 9/10 1922 A. K. Judd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 1st (Month) (Day) 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1922, to Aug 1st, 1922 that I last saw her alive on Aug 1st, 1922 and that death occurred, on the date stated above, at 3 a. M

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) — yrs. — mos. 15 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

Signed R H Miller, M. D.

, 191 Address Baxter Tenn

* 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 , 191

20 UNDERTAKER

ADDRESS