

MARGIN RESERVED FOR BINDING 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 _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 49220
 Primary Registration District No. _____

File No. 146

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

2 FULL NAME Daisy Willidean Ward

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 1 1920
 (Month) (Day) (Year)

7 AGE 2 yrs. mos. ds. If LESS than 1 day, hrs. or min.?
 2 yrs. mos. ds.

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

9 BIRTHPLACE Tenn
 (State or country)

10 NAME OF FATHER W. C. Ward

11 BIRTHPLACE OF FATHER Tenn
 [State or country]

12 MAIDEN NAME OF MOTHER Oda Hinton

13 BIRTHPLACE OF MOTHER Tenn
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] W. C. Ward
 [Address] Baxter Tenn

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 3 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 9/2 1922 to 9/3 1922, that I last saw her alive on 9/3 1922 and that death occurred, on the date stated above, at 12⁰⁰ M

The CAUSE OF DEATH* was as follows:
Typhoid fever
 [Duration] yrs. mos. ds.

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

Signed R. H. Fugittis M. D.
 191 _____ 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 OCCIDENT 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 _____