

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. 13
 OR
 Village Silver Point
 OR
 City _____ (No. _____ St.: _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47213
 Primary Registration District No. _____

File No. 148

Registered No. 11

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME Lillie Lee Steel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED unmarried
 (Write the word)
 6 DATE OF BIRTH Mar 3 1901
 (Month) (Day) (Year)
 7 AGE 21 yrs. 6 mos. 12 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Nery Gambrell

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Lennie Briner

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Jamie Steel
 [Address] Silver Point

15 Filed Oct 10 1922 C. A. Hall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 14 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1 1921 to Sept 14 1922.
 that I last saw her alive on Sept 10 1922
 and that death occurred, on the date stated above, at 8 P M
 The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
 [Duration] 1 yrs. 6 mos. 12 ds.

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

Signed L. S. Love M. D.
Sept 2 1922 Address Silver Point

* 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 Holley Cove DATE OF BURIAL Sept 15 1922

20 UNDERTAKER Albert Walker ADDRESS Silver Point