

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. 19
OR
Village Algood
OR
City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 724
Primary Registration District No. 47219
(No. _____ St.; Ward _____)

File No. 151
Registered No. 12

2 FULL NAME Infant of Mr & Mrs J. L. Colvert, (never named)

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 Sept 14 1922
(Month) (Day) (Year)
7 AGE 2 yrs. 2 mos. 2 ds. If LESS than 2 day, 12 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
10 NAME OF FATHER J. L. Colvert
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Margaret Payne
13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] J. L. Colvert
[Address] Algood

15 Filed 7/13 1922 Mr W. L. Swalla
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17 1922
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Sept 14 1922 to Sept 17 1922
that I last saw her alive on Sept 16 1922
and that death occurred, on the date stated above, at 8 A.M.
The CAUSE OF DEATH was as follows:
Obstructive jaundice

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed J. P. Moore M. D.
Sept 17 1922 Address Algood Tenn

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 Algood DATE OF BURIAL Sept 18 1922
20 UNDERTAKER _____ ADDRESS _____