

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

County Putnam

Civil Dist. 19

OR
 Village _____

OR
 City Algood (No. _____ St.; _____ Ward)

Registration District No. 726

Primary Registration District No. 47219

File No. 158

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

2 FULL NAME Charles M. Huddleston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH Sept 30 1896
 (Month) (Day) (Year)

7 AGE 67 yrs. 15 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wilson Huddleston

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Francis Goolsby

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs Francis Bullock
 [Address] Algood, Tenn.

15 Filed Nov 13 1922 Mrs J. L. Swell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 15 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 9 1922 to Oct 15 1922, that I last saw him alive on Oct 14 1922 and that death occurred, on the date stated above, at 49, M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
 [Duration] ____ yrs. ____ mos. ____ ds. 10 1/2

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

Signed J. D. Moore M. D.
Oct 15 1922 Address Algood, 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 _____

20 UNDERTAKER _____ ADDRESS _____