

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. 17  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. 47217  
 Primary Registration District No. 17

File No. 160  
 Registered No. 10

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

2 FULL NAME P. M. Wallace

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (Write the word)  
 6 DATE OF BIRTH Apr, 1899  
 (Month) (Day) (Year)  
 7 AGE 63  
 yrs. mos. 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 Joe Wallace

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Coffie

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Walter Wallace  
 (Address) Bona

15 Filed Oct 23, 1922 W. J. M. D. J.  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 22, 1922  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1922, to Oct 22, 1922, that I last saw him alive on Oct 22, 1922, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Bowels  
 (Duration) yrs. mos. ds.

Contributory (SECONDARY)  
 (Duration) yrs. mos. ds.  
 (Signed) P. V. Whitefield M. D.  
Oct 23, 1922 (Address) Silverson

\*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 Wallace Co DATE OF BURIAL Oct 23, 1922

20 UNDERTAKER ADDRESS