

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. 16 15th,

OR  
Village \_\_\_\_\_

OR  
City Baxter, R. # 2. (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47216

File No. 466

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME Malcom Boyed,

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH August 10 1908  
(Month) (Day) (Year)

7 AGE 14 yrs. 2 mos. 22 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION At home  
(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) Putnam Co. Tenn.

10 NAME OF FATHER Henry B. Boyed,

11 BIRTHPLACE OF FATHER (State or country) Putnam Co. Tenn.

12 MAIDEN NAME OF MOTHER Mary Jane Maxwell,

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Jane Gentry,  
[Address] Baxter, Tenn. R. #2.

15 Filed Nov 10, 1922 Abe Mitchell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November, 2, 1922  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29th 1922 to Nov. 2, 1922 that I last saw him alive on Nov. 2nd 1922 and that death occurred, on the date stated above, at 11 PM  
The CAUSE OF DEATH\* was as follows:  
Typhoid Fever.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed J. H. H. H. H. H. M. D.

Nov. 3rd 1922 Address Baxter, 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 Halleys Cemetery DATE OF BURIAL Nov 3 1922

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_