

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. 4

Village _____

City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47204

Primary Registration District No. 4

File No. 178

Registered No. _____

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

2 FULL NAME Henry Clay Watson, Child

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S.

6 DATE OF BIRTH Dec. 8, 1922
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, 4 hrs. or _____ min.?
yrs. mos. ds.

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) Putnam

10 NAME OF FATHER Henry Clay Watson

11 BIRTHPLACE OF FATHER (State or country) Put. Co.

12 MAIDEN NAME OF MOTHER Yelmer Lee Chase

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Henry
(Address) Spauld R 8

15 Filed Jan 23 1923 Mrs J. S. Pratt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1922 to Dec 8, 1922
that I last saw h in alive on Dec 8, 1922, 1922
and that death occurred, on the date stated above, at 4 am.

The CAUSE OF DEATH* was as follows: 161a
Pneumonia with
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. J. Brewster M. D.
1922 (Address) Spauld, 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 Boardman Co. Tenn DATE OF BURIAL Dec 9, 1922
UNDERTAKER James Bumblegh Spauld ADDRESS _____