

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. 4  
OR  
Village Sparta #8  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 49204  
Primary Registration District No. 14

File No. 180

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

2 FULL NAME Emory Dammell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Dec 10 1922  
[Month] [Day] [Year]

6 DATE OF BIRTH July 4 1834  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 . . . to . . . 191 . . .  
that I last saw h . . . alive on . . . 191 . . .  
and that death occurred, on the date stated above, at 3 P M

7 AGE 88 yrs. 11 mos. 6 ds. If LESS than 1 day, . . . hrs. or . . . min.?

The CAUSE OF DEATH\* was as follows:  
205K

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

[Duration] yrs. mos. ds.  
Contributory [SECONDARY]  
[Duration] yrs. mos. ds.  
Signed W. D. M. D.

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Wm Dammell

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Cassie Pennington

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] E Dammell

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.

[Address] Sparta #1

19 PLACE OF BURIAL OR REMOVAL Boards Valley Cemetery DATE OF BURIAL 12/12 22

15 Filed found Mrs J. S. Craft

20 UNDERTAKER H. B. White ADDRESS Sparta