

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. 13

Village Silver Point

City (No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47213

Primary Registration District No.

File No. 184

Registered No. 14

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

2 FULL NAME

Arthur Philips

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec. 6, 1884
(Month) (Day) (Year)

7 AGE 35 yrs. 25 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION House keeping
(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) Tenn

10 NAME OF FATHER Armstrong Herd

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Vena West

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bill Philips
[Address] Silver Point

15 Filed Dec 31, 1922 C. A. Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 31 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192 that I last saw him alive on 192

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:
No Doctor she was carried or made a flash.

[Duration] yrs. mos. ds. 1430

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

Signed CA M. D. Address

* 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
Palmer Cemetery Dec 31 1922

20 UNDERTAKER ADDRESS
Bill Philips Silver Point