STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

D

1 PLACE OF DEATH
County Putnam
Civil Dist. 13
or Village Silver Point
or City ____ (No. ____ St.; ____ Ward)

Registration District No. 47213
Primary Registration District No. ____

File No. 185
Registered No. 3.

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

2 FULL NAME Still Born

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: Dec (Month) 30 (Day) 1923 (Year)

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work ____
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Silver Point

PARENTS

10 NAME OF FATHER Bill Phelps

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Catherine Hess

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bill Phelps
[Address] Silver Point

15 Filed Feb 10 1923 C A Hall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec [Month] 30 [Day] 1923 [Year]

17 I HEREBY CERTIFY, That I attended deceased from ____ 192 ____ to ____ 192 ____
that I last saw h____ alive on ____ 192 ____
and that death occurred, on the date stated above, at ____ M
The CAUSE OF DEATH* was as follows: 205a

No Doctor

[Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] ____

[Duration] ____ yrs. ____ mos. ____ ds.

Signed ____ M. D.
____ 192 ____ 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: Carr Cemetery
DATE OF BURIAL ____ 192 ____

20 UNDERTAKER: Bill Phelps
ADDRESS ____

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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING