

STATE OF TENNESSEE

307

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Putnam

Civil Dist. 15thOR
VillageOR
City Coopersville (No. , St.: Ward)

Registration District No. 726

Primary Registration District No. 47219

File No. 14

Registered No.

(If death occurred
hospital or institut
give its NAME inste
street and number.)

2 FULL NAME Martin Peck

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 Dec, 16 1844
(Month) (Day) (Year)

7 AGE 80 yrs. 5 mos. 5 da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Farmer 000 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Jim Peck

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Serena Lane

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Mrs. Harriette Goshert [Address] Coopersville

15 Filed 1911 L. M. Huddleston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr, 22 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1910 to Apr. 21, 1911 that I last saw him alive on Apr. 21, 1911 and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows: Paralysis agitans 940

Contributory [SECONDARY] Arteriosclerosis and apoplexy [Duration] yrs. mos.

Signed J. P. Moore, M.D. Apr 22, 1911 Address Algood

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. da. In the State yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

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.