

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. No 3
OR
Village
OR
City (No. , St.; Ward)

STATE OF TENNESSEE ²²⁹

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH ²⁴⁷

Registration District No. 5 File No. _____
Primary Registration District No. _____ Registered No. _____

2 FULL NAME Thos Bahaman

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 19 1887
(Month) (Day) (Year)

7 AGE 85 yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee Putnam Co Dist No 3

10 NAME OF FATHER Jim Bahaman

11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn Dist No 3

12 MAIDEN NAME OF MOTHER Sally Barnes

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co Tenn Dist No 3

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs Margaret Bahaman

[Address] Coopersville Tenn R 6

15 Filed per RB Clouse 1925 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 18 1925
(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: 169

Thos Bahaman died with old age did not have any doctor [Duration] yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds. Signed _____ N. 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: Died at his home at home

19 PLACE OF BURIAL OR REMOVAL Bahaman have had DATE OF BURIAL Feb 20 1925

20 UNDERTAKER None ADDRESS _____