

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. 1st  
 or  
 Village \_\_\_\_\_  
 or  
 City Cookeville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 721  
 Primary Registration District No. 27201

File No. \_\_\_\_\_

Registered No. 7

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

2 FULL NAME Mrs. J. M. Whitson

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 Apr. 20 1837  
 (Month) (Day) (Year)

7 AGE 89 yrs. - mos. - ds. or min.?  
 If LESS than 1 day, hrs.

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

9 BIRTHPLACE (State or country) Cookeville Tenn.

10 NAME OF FATHER John Barnes

11 BIRTHPLACE OF FATHER (State or country) Watauga Va.

12 MAIDEN NAME OF MOTHER Wheeler

13 BIRTHPLACE OF MOTHER (State or country) Watauga Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. M. Whitson  
 (Address) Cookeville Tenn.

15 Filed Feb. 30 1926 Alice Key Kendall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 14 1925  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from all times 1925 - to Oct 1926  
 that I last saw her alive on Oct 1926  
 and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH\* was as follows:  
old age - last Pain in side (Severely) 164  
5 days

Contributory (Secondary) fever

18 Signed Dr. J. L. Shipley M. D.  
Feb. 20 1926 Address Cookeville Tenn.

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT 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 Cookeville Cemetery DATE OF BURIAL Nov. 15 1925

20 UNDERTAKER Jere. Whitson ADDRESS Hickory Cookeville Tenn.