

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 Cookeville
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

7304

CERTIFICATE OF DEATH

Registration District No. 721
 Primary Registration District No. 27201

File No. _____
 Registered No. 16

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

2 FULL NAME Mrs. J. J. Edwards

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 9 1849
(Month) (Day) (Year)

7 AGE 76 yrs. 3 mos. 26 ds. If LESS than 1 day, 12 hrs. or _____ min.?

8 OCCUPATION Housewife
 (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) Putnam Co., Tennessee

10 NAME OF FATHER John Grime

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lois Smith

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. J. F. Gentry
 [Address] Cookeville, Tenn

15 Filed Feb 7 1926 Alice Keykudall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dr. J. R. Stone 1926, to _____ 192_____, that I last saw her alive on Feb. 5 1926

and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows:

Stroke and resulting diarrhea
 [Duration] _____ yrs. _____ mos. 10 ds.

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

Signed J. R. Stone M. D.
Feb 5 1926 Address Cookeville

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Boiling Spring Cemetery DATE OF BURIAL Feb 6 1926

20 UNDERTAKER Jere Volition Hdw. ADDRESS Cookeville