

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. 20

OR Village _____

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

2 FULL NAME James R. Brassell

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

3318

CERTIFICATE OF DEATH

Registration District No. 47220

File No. 4

Primary Registration District No. _____

Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov. 27 1895
(Month) (Day) (Year)

7 AGE 81 yrs. 4 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) N. Y.

10 NAME OF FATHER Egbert Brassell

11 BIRTHPLACE OF FATHER (State or country) N. C.

12 MAIDEN NAME OF MOTHER M. L. Baker

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] A. S. Prentiss

[Address] Baxter

15 Filed 4/9 1926 A. R. Judel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 30 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from September 1925 to March 30, 1926 that I last saw him alive on March 30, 1926 and that death occurred, on the date stated above, at 11:40 P. M.
The CAUSE OF DEATH* was as follows:

49
carcinoma of
Prostrate Gland
[Duration] 7 yrs. _____ mos. _____ ds.

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

Signed J. Mac Wheeler M. D.
#-1, 1926 Address Baxter

* 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 L.O.O.F. Cemetery DATE OF BURIAL April 1926

20 UNDERTAKER W. L. Sewell ADDRESS Baxter