

WRITE PLAINLY. WITH UNKINDING 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			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>1</u>			CERTIFICATE OF DEATH		
OR Village			Registration District No. <u>121</u>	File No. _____	
OR City <u>City</u>			Primary Registration District No. <u>27201</u>	Registered No. <u>54</u>	
2 FULL NAME <u>Celia Ray</u>			<u>4th St. Smithville</u>	St.;	Ward
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>7</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, DIVORCED, OR SEPARATED. (Write the word) <u>Widowed</u>	16 DATE OF DEATH <u>Oct. 11</u> 19 <u>27</u>		
6 DATE OF BIRTH _____			17 I HEREBY CERTIFY, That I attended deceased from _____ 19 <u>27</u> to _____ 19 <u>27</u>		
7 AGE <u>91</u> yrs. _____ mos. _____ ds.			that I last saw him alive on _____ 19 <u>27</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).			and that death occurred, on the date stated above, at <u>5:30</u> P. M.		
9 BIRTHPLACE (State or country) <u>Tenn</u>			The CAUSE OF DEATH* was as follows: <u>No Doctor attended</u> <u>J. J. Corum (Cuba)</u>		
10 NAME OF FATHER <u>John West</u>			Contributory [SECONDARY] _____		
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>			[Duration] _____ yrs. _____ mos. _____ ds.		
12 MAIDEN NAME OF MOTHER <u>Celia Brown</u>			Signed _____ M. D.		
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>			_____ 19 <u>27</u> Address _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Marshall Roy</u>			* 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.		
[Address] _____			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]		
15 Filed <u>Nov 8 1927</u> <u>Shelma Moore</u> REGISTRAR			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 <u>West Cemetery</u>		DATE OF BURIAL <u>10/12</u> 19 <u>27</u>
			20 UNDERTAKER <u>Beucheton & Co.</u>		ADDRESS <u>City</u>