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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

2738

1 PLACE OF DEATH

County Putnam

Civil Dist. 6

OR

Village

OR

City (No. , St.; Ward)

Registration District No. 47208

Primary Registration District No.

File No. 5-8

Registered No.

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

2 FULL NAME Hart Maynard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: (Month) (Day) 1848 (Year)

7 AGE: 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Putnam Co Tenn

PARENTS

10 NAME OF FATHER: Jere Bradford

11 BIRTHPLACE OF FATHER [State or country]: Dont no.

12 MAIDEN NAME OF MOTHER: Dont no.

13 BIRTHPLACE OF MOTHER [State or country]:

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Whitley Bradford

[Address] Silver Point Tenn

15

Filed 1/18 1929 J S Herren REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 [Month] 15 [Day] 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from ..... 192..., to ..... 192...,
that I last saw h... alive on ..... 192...
and that death occurred, on the date stated above, at ..... M
The CAUSE OF DEATH* was as follows:

Flue 11b

[Duration] ... yrs. ... mos. ... ds.

Contributory [SECONDARY]

[Duration] ... yrs. ... mos. ... ds.

Signed R H Millis M. D.

..., 192... Address Baxter Tenn

* 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: Maynard Cemetery

DATE OF BURIAL: 1/16 1929

20 UNDERTAKER

ADDRESS