

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. 8
 OR
 Village _____
 OR
 City _____ (No. _____ St.: _____ Ward _____)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 2741
 File No. 62
 Registered No. _____

2 FULL NAME D. J. Allison

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fe 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) X

6 DATE OF BIRTH 1 (Month) 22 (Day) 1929 (Year)

7 AGE 68 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: farmer 000 (b) General nature of industry, business, or establishment in which employed (or employer): _____

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Dant no

11 BIRTHPLACE OF FATHER [State or country] _____

12 MAIDEN NAME OF MOTHER Lizzie Allison

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. S. Allison

[Address] Better Tenn

15
 Filed 2/11 1929 J. S. Herren REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 [Month] 22 [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: Kidney trouble
205

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

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

Signed R. H. Gillis M. D.
192 Address Better 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 ACCIDENTAL 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 Gulf Sematary DATE OF BURIAL 2/9/29 1929
 20 UNDERTAKER _____ ADDRESS _____