

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			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>8</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village			Registration District No. <u>48208</u>		
OR			Primary Registration District No.		
City			Registered No. <u>2742</u>		
(No. _____) _____			St.: _____		
_____			Ward _____		
2 FULL NAME <u>Agnes Irene Dunn</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>fe</u>		4 COLOR OR RACE <u>W</u>		5 SINGLE, <input checked="" type="checkbox"/> MARRIED, WIDOWED, OR DIVORCED (Write the word)	
6 DATE OF BIRTH <u>2</u> (Month) <u>28</u> (Day), 19 <u>28</u> (Year)					
7 AGE <u>10</u> yrs. <u>28</u> mos. <u>28</u> ds.				If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION <u>none</u>					
(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) <u>Putnam Co</u>					
PARENTS	10 NAME OF FATHER <u>George Dunn</u>				
	11 BIRTHPLACE OF FATHER (State or country) <u>Putnam Co Tenn</u>				
	12 MAIDEN NAME OF MOTHER <u>Mary Dunn</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Putnam Co Tenn</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] <u>John Galsky</u>					
[Address] <u>Silver Point Tenn</u>					
15 Filed <u>1/26</u> , 19 <u>29</u> <u>J. S. Herren</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH <u>1</u> (Month) <u>26</u> (Day), 19 <u>29</u> (Year)					
17 I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>2</u> , to _____, 19 <u>2</u> , that I last saw h_____ alive on _____, 19 <u>2</u> , and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: <u>influenza</u> <u>2056</u>					
[Duration] _____ yrs. _____ mos. _____ ds.					
Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.					
Signed <u>none</u> M. D.					
_____ 19 <u>2</u> Address _____					
* 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 <u>Pleasant View</u>					DATE OF BURIAL <u>1/27</u> , 19 <u>29</u>
20 UNDERTAKER _____					ADDRESS _____