

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

2744

CERTIFICATE OF DEATH

Registration District No. 47208 File No. 61

Primary Registration District No. _____ Registered No. _____

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

2 FULL NAME Anna Ruth Nash

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1 (Month) 13 (Day), 1 1929 (Year)

7 AGE _____ yrs. 18 mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Putnam Co. Tenn.

10 NAME OF FATHER Charles Nash

11 BIRTHPLACE OF FATHER [State or country] Putnam Co. Tenn.

12 MAIDEN NAME OF MOTHER Dollie Allison

13 BIRTHPLACE OF MOTHER [State or country] Putnam Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Hattie Thomas

[Address] Sikeston Tenn.

15 _____

Filed 2/1 1929 J. S. Herren REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 (Month) 31 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1929 to _____ 1929 that I last saw h. _____ alive on _____ 1929 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: 205 b

Contributory [SECONDARY] _____

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

Signed M. D. Dr. M. D.

_____ 1929 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 Nash cemetery DATE OF BURIAL 2/1 1929

20 UNDERTAKER _____ ADDRESS _____