

Form V. No. 4-40M. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Putnam  
 Civil Dist. 14th  
 OR  
 Village Monterey  
 OR  
 City Jermesse (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

2752

CERTIFICATE OF DEATH

Registration District No. 27214  
 Primary Registration District No. 14

File No. \_\_\_\_\_

Registered No. 3

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

2 FULL NAME James Albert King

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single Child.

6 DATE OF BIRTH May 8th 1926  
 (Month) (Day) (Year)

7 AGE 2 yrs. 8 mos. 21 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Child.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Putnam Co.

10 NAME OF FATHER Clyde King

11 BIRTHPLACE OF FATHER (State or country) Putnam County

12 MAIDEN NAME OF MOTHER Maud Stevens

13 BIRTHPLACE OF MOTHER (State or country) Jermesse

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Albert King

[Address] Monterey, Tenn.

15 Filed Feb. 9 1929 Mrs. A. C. Kelleher  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 29 1929  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26 1929 to Jan. 26 1929, that I last saw him alive on Jan. 26 1929 and that death occurred, on the date stated above, at 9:00 M  
 The CAUSE OF DEATH\* was as follows:  
Broncho-pneumonia

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

Contributory [SECONDARY] Diphtheria  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Signed A. H. Myers M. D.

2-4-1929, Address Monterey 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 DATE OF BURIAL  
City Cemetery, Monterey Jan 29 1929

20 UNDERTAKER REGISTER # ADDRESS  
Henry J. Ray 1044 Monterey