Form V. S. No. 4—ADOM—Jan. 25, 1927.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

2753

File No. 1

Registered No.

1 PLACE OF DEATH

County Putnam

Civil Dist. 13

OR Village Silver Point

OR City

Registration District No. 47213

Primary Registration District No.

(No. , St.; Ward)

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

2 FULL NAME Robt Ennis Jr

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: Jan (Month) 28 (Day) 1929 (Year)

7 AGE: yrs. mos. 2 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): Tenn

PARENTS

10 NAME OF FATHER: Robt Ennis

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER: Eva Maxwell

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Robt Ennis

[Address] Silver Point

15

Filed Feb 10, 1929 C C Hall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 29 (Day), 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 19.. , to ..... , 19.. ,
that I last saw h.. alive on ..... , 19..
and that death occurred, on the date stated above, at 9:30 M

The CAUSE OF DEATH* was as follows: 205 b
Md Doctor
Death Caused by mother Leaving Home.

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed ..... M. D.

....., 19.. Address .....

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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: Buffalo Valley Tn — DATE OF BURIAL: Jan 29 1929

20 UNDERTAKER: Walter Jarrett — ADDRESS: Buffalo Valley