

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

2758

1 PLACE OF DEATH
County Putnam
Civil Dist. 20
OR
Village Waxter
OR
City (No. _____ St.; _____ Ward)

Registration District No. 47220
Primary Registration District No. _____

2 FULL NAME Travis D. Allison

File No. 4
Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec. 25, 1860
(Month) (Day) (Year)

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

8 OCCUPATION Farmer 000
(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) Tenn.

10 NAME OF FATHER Billie Allison

11 BIRTHPLACE OF FATHER [State or country] not known

12 MAIDEN NAME OF MOTHER Elizabeth Clark

13 BIRTHPLACE OF MOTHER [State or country] not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] A. J. Allison
[Address] Waxter Tenn

15
Filed 2/11, 1929 A. R. Fudd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 23, 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 5th 1928 to Jan 23rd, 1929, that I last saw him alive on Jan. 19th, 1929 and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis 129

[Duration] 5 yrs. _____ mos. _____ ds.

Contributory Acute dilatation of heart
[SECONDARY]
[Duration] _____ yrs. 3 mos. _____ ds.

Signed R. H. Millie M. D.
Jan 26th, 1929 Address Waxter 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 _____

20 UNDERTAKER _____ ADDRESS _____