

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 statements of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County PutnamCivil Dist. 14

OR

Village \_\_\_\_\_

OR

City Monterey (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)2 FULL NAME Tilbert Ramsey

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 27214Primary Registration District No. 14File No. 5982Registered No. 4

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 7 1850  
 (Month) (Day) (Year)

7 AGE 72 yrs. 8 mos. 0 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Hotel Mgr.  
 (b) General nature of industry, business, or establishment in which employed (or employer). 914

9 BIRTHPLACE (State or country) Wilson Co Ky

10 NAME OF FATHER Chas Ramsey

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Skate

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J R Mackey

[Address] Monterey Tenn

15 Filed Feb. 8 1929 Mrs. A. C. Kelliher  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 7 1929  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from Jan 1 1928 to July 5 1929, that I last saw him alive on July 7 1929

and that death occurred, on the date stated above, at 6 AM

The CAUSE OF DEATH\* was as follows: 74

apoplexy (paralysis)

[Duration] 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] age

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

Signed W. S. [unclear] M. D.

July 5 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 29 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? Loc

Former or usual residence Tenn

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

City Cemetery Feb. 9 1929

20 UNDERTAKER ADDRESS

City