

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			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>1st</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village			Registration District No. <u>721</u>		
OR			Primary Registration District No. <u>27201</u>		
City <u>Cookville</u>			File No. _____		
2 FULL NAME <u>Oshie Lee Betty (Cal)</u>			Registered No. <u>16</u>		
			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>7</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>March 9</u> 19 <u>29</u>		
6 DATE OF BIRTH _____			[Month] [Day] [Year]		
7 AGE <u>about 5</u> yrs. mos. ds.			17 I HEREBY CERTIFY, That I attended deceased from <u>March 7</u> 19 <u>29</u> to <u>March 7</u> 19 <u>29</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)			that I last saw him alive on <u>March 7</u> 19 <u>29</u> and that death occurred, on the date stated above, at <u>5:30</u> P. M.		
9 BIRTHPLACE (State or country) <u>Tenn.</u>			The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>1016</u>		
10 NAME OF FATHER <u>Hubert Betty</u>			[Duration] _____ yrs. _____ mos. _____ ds.		
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn.</u>			Contributory [SECONDARY] _____		
12 MAIDEN NAME OF MOTHER <u>Rollen Sowers</u>			[Duration] _____ yrs. _____ mos. _____ ds.		
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn.</u>			Signed <u>J. R. Stonis</u> M. D.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Hubert Betty</u>			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 _____		
[Address] <u>Cookville</u>			19 PLACE OF BURIAL OR REMOVAL <u>Back Home yard</u> DATE OF BURIAL <u>3/10</u> 19 <u>29</u>		
15 Filed <u>Apr 10, 1929</u> <u>Shelma Moore</u> REGISTRAR			20 UNDERTAKER <u>J. Whitson</u> ADDRESS <u>City</u>		