

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
 County Putnam
 Civil Dis. 1
 or
 Village _____
 or
 City City (No. _____, P.O. _____ St.; _____ Ward)
 2 FULL NAME Addie Rose Burgess.

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

11282

File No. _____

Reg. No. 27

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed, or divorced (Write the word) Single

6 DATE OF BIRTH _____ 1 _____ (Month) (Day) (Year)

7 AGE abt 2 yrs. 7 mos. _____ 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

10 NAME OF FATHER Charlie Burgess

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Anna Maddux

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charlie Burgess

(Address) City

15 Filed May 10 1929 Ihetna Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8 19____ (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from _____ 19____, to _____ 19____,

that I last saw her alive on Apr. 7, 1929 and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows: 101 a

Lobar Pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

Signed Lex Ayers M. D. _____ 19____ address Bookville

*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 Ghost Anthony DATE OF BURIAL 4/9 29

20 UNDERTAKER Jessie Watson Co ADDRESS City