

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 Dist. 8

OR Village _____

OR City _____

Registration District No. 47208

Primary Registration District No. _____

(No. _____ St.; _____ Ward)

11288

File No. 70

Registered No. _____

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

2 FULL NAME Donald D. Nash

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 7 (Month) 11 (Day) 1929 (Year)

7 AGE 7 yrs. 11 mos. 29 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) Putnam Co

10 NAME OF FATHER Jess Nash

11 BIRTHPLACE OF FATHER (State or country) Putnam Co.

12 MAIDEN NAME OF MOTHER Margaret Shirrell

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Herbert Nash

[Address] Silver Point

15 Filed 4/21 1929 J. S. Allen REGISTRAR

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 [Month] 17 [Day] 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h_____ alive on _____, 192____,

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: 31

T. B.

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

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed Castell M. D.

_____, 192____ Address Portia Smith

* 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 Nash Semeter DATE OF BURIAL 4/21 1929

20 UNDERTAKER _____ ADDRESS _____