

Form VS. No. 4-40M.

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. 14

OR Village Monteury

OR City _____ (No. _____)

Registration District No. _____

Primary Registration District No. _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

11294

File No. _____

Registered No. 14

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

2 FULL NAME

Eddie Lawrence Paul

St.; Ward

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 10 1923
(Month) (Day) (Year)

7 AGE 46 yrs. 1 mos. 10 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Public works 196 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Morgan

10 NAME OF FATHER Luther Paul

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Susan Abbet

13 BIRTHPLACE OF MOTHER [State or country] Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] F. M. Paul

[Address] Monteury

15 Filed Apr. 20, 1929 Mr. A. C. Killeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 19 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from May 1928 to Apr 18, 1929, that I last saw him alive on Apr 16, 1929 and that death occurred, on the date stated above, at 10 PM. The CAUSE OF DEATH* was as follows: 54

Pellagra

[Duration] yrs. 2 mos. _____ ds.

Contributory [SECONDARY]

[Duration] yrs. _____ mos. _____ ds.

Signed W. C. Haffner M. D.

Apr 19 1929 Address Monteury 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 46 yrs. 1 mos. 10 ds.

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

Former or usual residence La

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Monteury, Tenn Apr 21, 1929

20 UNDERTAKER ADDRESS

Paul H City