

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. # 18
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)
 2 FULL NAME P. S. Brown
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 11298
 File No. _____
 Registered No. 3
 [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 White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 (Write the word)

6 DATE OF BIRTH April 26, 1862
 (Month) (Day) (Year)

7 AGE 76 yrs. 11 mos. 18 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Jessie Brown

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Dont no

13 BIRTHPLACE OF MOTHER (State or country) 1

14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE
 [Informant] J. B. Brown
 [Address] Bloomington

15
 Filed April 7, 1927 M. R. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 4, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at 5 P M
 The CAUSE OF DEATH* was as follows: Cancer
no doctor in charge
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed M. R. M. Brown
 _____ 19____ Address Bloomington Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 _____ DATE OF BURIAL April 5, 1927

20 UNDERTAKER _____ ADDRESS _____