

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 Cookville
 City _____
 2 FULL NAME Laranza Daw. Carter

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

13627

Registration District No. 221
 Primary Registration District No. 2201
 (No. on R.R. Track St.; _____ Ward)

File No. _____

Reg. No. 31

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, Divorced <u>Married</u> (Write the word)
6 DATE OF BIRTH _____, 1_____, 19_____ (Month) (Day) (Year)		
7 AGE <u>abt. 40</u> yrs. ____ mos. ____ ds.		If LESS than 1 day, ____ hrs. or ____ min.?
8 OCCUPATION (a) Trade profession or particular kind of work <u>Farmer</u> <u>000</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>Sam Carter</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Mattie Conyer</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15 29
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from _____, 19_____, to _____, 19_____, that I last saw h_____ alive on _____, 19_____, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: abt mid night
Killed by train was sleep on track. 1889
 (Duration) _____ yrs. ____ mos. ____ ds.
 Contributory No Dr attended
 (Secondary) _____
 (Duration) _____ yrs. ____ mos. ____ ds.
 Signed _____, M. D.
 _____, 19_____, address _____

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jessie Wilson Carter
 (Address) Silver Point

19 PLACE OF BURIAL OR REMOVAL Steel Grave yard DATE OF BURIAL 5/17 29
 20 UNDERTAKER Jac Whitton Co ADDRESS City

15 Filed June 6 1929 Shelvia Moore
 Registrar