

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.

STATE OF TENNESSEE ^H
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH 13628

1 PLACE OF DEATH
 County Putnam
 Civil Dis. Int
 or
 Village _____
 or
 City City (No. 515, Color Color St.: _____ Ward) _____
 Registration District No. 121
 Primary Registration District No. 29201
 File No. _____
 Reg. No. 32
 2 FULL NAME Lonie Roswell Clouse
 (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 W 5 Single, Married, Widowed, or divorced Single
 6 DATE OF BIRTH _____ 1 _____ (Month) (Day) (Year)
 7 AGE abt 25 yrs. _____ mos. _____ da. If LESS than 1 day, ___ hrs. or ___ min.?
 8 OCCUPATION (a) Trade profession or particular kind of work Machinist 362
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 9 BIRTHPLACE (State or country) Tenn.
 PARENTS
 10 NAME OF FATHER William Clouse
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Chgo. England
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.
 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William Clouse
 (Address) City
 15
 Filed June 6 1929 Shelma Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 17 1929
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attend deceased from Feb 25 1929, to May 17 1929,
 that I last saw him alive on May 16 1929,
 and that death occurred, on the date stated above, at 7:15 A
 The CAUSE OF DEATH* was as follows: 31
Pulmonary Tuberculosis

 _____ (Duration) _____ yrs. _____ mos. _____ da.
 Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.
 Signed W. H. Howard M. D.
3/17 1929 address City
 *State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Sudden, 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. _____ da. In the _____ State _____ yrs. _____ mos. _____ da.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____
 19 PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 5/18 1929
 20 UNDERTAKER Funerary Co ADDRESS City