

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

13631

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Putnam

Civil Dist. 4

OR
Village

OR
City

Registration District No. 47204

Primary Registration District No. 4

File No. _____

Registered No. _____

2 FULL NAME

(No. _____ St.; _____ Ward)
Estell Robinson

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1927
(Month) (Day) (Year)

7 AGE 2 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Creeland Robinson

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Alta Neighbors

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] John Robinson

[Address] Sparta, P. O. Tenn

15 Filed May 10, 1929 Mrs. J. Scrapp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25, 1929
[Month] [Day] [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 4 P M

The CAUSE OF DEATH* was as follows:
Membris Crup 10

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

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

Signed Mair _____ M. D.

_____ 192____ Address Sparta

* 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 Claires Cemetery DATE OF BURIAL May 26, 1929

20 UNDERTAKER William Elrod ADDRESS Monte...

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.