

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. 14th
 OR
 Village Monterey
 OR
 City _____

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

13634

Registration District No. 47214
 Primary Registration District No. 14

File No. _____

Registered No. 20

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

2 FULL NAME Vehner Jewel Buckner (No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH Nov 27 1922
 (Month) (Day) (Year)
 7 AGE 6 yrs. 5 mos. 8 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)

Putnam Co Tenn.

10 NAME OF FATHER

Alex Buckner

11 BIRTHPLACE OF FATHER [State or country]

Tenn.

12 MAIDEN NAME OF MOTHER

Bertie Herrod

13 BIRTHPLACE OF MOTHER [State or country]

Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Alex Buckner[Address] Monterey, Tenn.

15

Filed May 5 1929Mrs. A. C. Killeffer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 5th 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 1st 1929 to May 5 1929, that I last saw her alive on May 4 1929 and that death occurred, on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:

Anterior-polio myelitis.

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

Contributory [SECONDARY]

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

Signed O. H. Meyer M. D.
575 -1929 Address Monterey, 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 6 yrs. 5 mos. 8 ds. In the State 6 yrs. 5 mos. 8 ds.
 Where was disease contracted, if not at place of death? Loc

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS