

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.

#C m

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

1 PLACE OF DEATH
County Putnam
Civil Dis. lex
or
Village _____
or
City City

Registration District No. 721
Primary Registration District No. 27201
(No. 905 E Spring -St.; _____ Ward)

2 FULL NAME Daisy Lee Parsons

1582
File No. _____
Reg. No. 38
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, Divorced <u>Married</u> (Write the word)
6 DATE OF BIRTH _____/_____/_____ (Month) (Day) (Year)		
7 AGE <u>abt 29</u> 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) <u>Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>Henry Coanthes</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Margaret Huddleston</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lony Parsons
(Address) City

15 Filed July 4, 1929 Shelvia Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 30, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Dec 1, 1917, to June 30, 1929, that I last saw her alive on June 30, 1929, and that death occurred, on the date stated above, at 9:30 PM

The CAUSE OF DEATH* was as follows: 31
Pulmonary Tuberculosis

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) _____
(Duration) ____ yrs. ____ mos. ____ ds.

Signed J. P. Mooney, M. D.
9/11, 1929 address City

*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 _____

19 PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 7/1, 1929

20 UNDERTAKER J. W. White & Co ADDRESS City