

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 Pulman
 Civil Dis. 1st
 or
 Village _____
 or
 City Cookville (No. 19, St.; _____ Ward)
 Registration District No. 721
 Primary Registration District No. 21201
 2 FULL NAME Robert Nichell Hunter
 File No. _____
 Reg. No. 42
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

18335

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or divorced (Write the word) Single
 6 DATE OF BIRTH _____ 1 _____
 (Month) (Day) (Year)
 7 AGE 13 yrs. 2 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?
 8 OCCUPATION (a) Trade profession or particular kind of work School Boy
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 9 BIRTHPLACE (State or country) Tenn
 10 NAME OF FATHER Seth Hunter
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Lola Phry
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 24
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY That I attend deceased from June 19 1929, to July 10 1929, that I last saw him alive on July 9 1929 and that death occurred, on the date stated above, at 410 M
 The CAUSE OF DEATH* was as follows:
Tubercular meningitis
32
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. 27 ds.
 Signed J. T. Moore M. D. July 10 1929 address Algood 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 _____ 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 Algood Cemetery DATE OF BURIAL 7/11 24
 20 UNDERTAKER J. Whitton Co ADDRESS City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Seth Hunter
 (Address) City R
 15 Filed Aug 11 1929 Thelma Moore Registrar