

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 Dis. 1  
 or Village \_\_\_\_\_  
 or City City  
 Registration District No. 121  
 Primary Registration District No. 27201  
 (No. 212, Cedar St.; \_\_\_\_\_ Ward)  
 2 FULL NAME Laura Lee Phillips  
 File No. \_\_\_\_\_  
 Reg. No. 49  
 (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

5  
 20716

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed, or divorced (Write the word) Married  
 6 DATE OF DEATH \_\_\_\_\_ (Month) (Day) (Year)  
 7 AGE abt 15 yrs. mos. ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
 8 OCCUPATION School Girl  
 (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  
 PARENTS  
 10 NAME OF FATHER Ed Phillips  
 11 BIRTHPLACE OF FATHER (State or country) Tenn  
 12 MAIDEN NAME OF MOTHER Alice Wright  
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17 1924  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attend deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_,  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_,  
 and that death occurred, on the date stated above, at 2:30 PM  
 The CAUSE OF DEATH\* was as follows: 2056  
No Doctor attended  
 (Duration) \_\_\_\_\_ yrs. mos. ds.  
 Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. mos. ds.  
 Signed \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ address \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Ed Phillips  
 (Address) City  
 15 Sept 10 1924 Thelma Moore  
 Registrar

\*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 8/18 1924  
 UNDERTAKER First National Co. ADDRESS \_\_\_\_\_