

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		STATE OF TENNESSEE	
County	<i>Putnam</i>	STATE BOARD OF HEALTH	Bureau of Vital Statistics
Civil Dist.	<i>6th</i>	CERTIFICATE OF DEATH	
OR		Registration District No.	<i>47206</i>
Village	<i>Brotherton</i>	Primary Registration District No.	<i>4</i>
OR		St.	
City		Ward	
2 FULL NAME		<i>Dellard Washington Stamps</i>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
<i>m</i>	<i>White</i>	<i>Married</i>	<i>Aug 26 1929</i>
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from	
<i>Dec 17 1871</i>		<i>Aug 17 1929 to Aug 17 1929</i>	
7 AGE		that I last saw him alive on <i>Aug 17 1929</i>	
<i>57 yrs 8 mos 9 ds</i>		and that death occurred, on the date stated above, at <i>3:30 P.M.</i>	
8 OCCUPATION		The CAUSE OF DEATH* was as follows:	
<i>Farmer. 000</i>		<i>Chronic Interstitial nephritis 5 yrs 8 mos 9 ds</i>	
9 BIRTHPLACE (State or country)		Contributory (SECONDARY)	
<i>Tenn</i>			
PARENTS	10 NAME OF FATHER	Signed <i>O. Dewey M.D.</i>	
	11 BIRTHPLACE OF FATHER (State or country)	<i>8/17/29</i> Address <i>Montgomery</i>	
	12 MAIDEN NAME OF MOTHER	* 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.	
13 BIRTHPLACE OF MOTHER (State or country)	<i>Tenn</i>		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death <i>20</i> yrs. - <i>57</i> mos. - <i>8</i> ds. In the State <i>57</i> yrs. <i>8</i> mos. <i>9</i> ds.	
[Informant] <i>Denny Stamps</i>		Where was disease contracted, if not at place of death? <i>Home</i>	
[Address] <i>Brotherton R#1</i>		Former or usual residence <i>6th District Putnam County</i>	
15	19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
Filed <i>Miss J. J. J. J.</i>	<i>Shady Grove</i>		<i>Aug 27 1929</i>
1929	20 UNDERTAKER		ADDRESS
	<i>Miss J. J. J. J.</i>		<i>Montgomery</i>