

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. 10  
 or  
 Village Baxter  
 or  
 City Tenn (No. R1)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

20719

File No. \_\_\_\_\_

Reg. No. 13

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

2 FULL NAME Charles Williard Presley

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 Feb. 17, 1928  
 (Month) (Day) (Year)

7 AGE 1 yrs. 6 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) Putnam Co

10 NAME OF FATHER John C. Presley

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Jesse Stewart

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

15 Filed 8/20 1929 W. Cole Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 19, 1929  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Aug. 16, 1929, to Aug. 19, 1929, that I last saw him alive on Aug. 19, 1929 and that death occurred, on the date stated above, at 10 AM The CAUSE OF DEATH\* was as follows: 113

Colitis  
 (Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.

Contributory (Secondary) \_\_\_\_\_

Signed J. Mac Wheeler, M. D. Aug. 19, 1929 address Baxter 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 DATE OF BURIAL

Old Hollows Cem Aug 20, 1929

20 UNDERTAKER ADDRESS Baxter