Form V. S. No. 10M—Jan. 25, 1927.
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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

20722

1 PLACE OF DEATH

County Putnam

Civil Dist. 11

OR

Village

OR

City (No. , St.; Ward)

Registration District No. 725

Primary Registration District No. 11

File No.

Registered No.

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

2 FULL NAME R. J. Helms

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Feb (Month) 1 (Day) 1929 (Year)

7 AGE: yrs. 6 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: Oscar Helms

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER: Nada Helms

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Oscar Helms

[Address] Silver Point

15

Filed Sept 4, 1929 W. R. Medley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 20 (Day), 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from X, 19 , to X, 19 ,

that I last saw h alive on , 19

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows: 205b

Colarmobus

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed no Dr. M. D

, 19 Address

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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: Denny Cemetery

DATE OF BURIAL: Aug 21 1929

20 UNDERTAKER

ADDRESS