

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

20723

File No. 4

Registered No.

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

1 PLACE OF DEATH.

County Putnam

Civil Dist. 19

OR Village Algood

OR City (No. , St.; Ward)

Registration District No. 720

Primary Registration District No. 472-19

2 FULL NAME

Edward Phillip Platt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single6 DATE OF BIRTH April 29, 1924
(Month) (Day) (Year)7 AGE 5 yrs. 3 mos. 4 ds.
If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. nothing
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER William Platt

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Callie Johnson

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] William Platt

[Address] Algood Tenn

15 Filed 191 L.M. Huddleston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 9 1925
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 8-2 1925 to 8-5 1925 that I last saw him live on 8-5 1925 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows: Gastro-enteritis 114
[Duration] yrs. mos. 6 ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed J. A. Butler M. D.
5-6 1925 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.

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 191

20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING
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.