

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. _____

or Village _____

or City Silver Point

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Number
20729

Registration District No. 47208

File No. 78

Primary Registration District No. _____

Reg. No. _____

(No. 17, 2 St.; _____ Ward)

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

2 FULL NAME Byrd. Monroe Nash.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, Married, Widowed, Divorced, Married

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE abt 34 yrs. mos. ds. If LESS than 1 day, ---hrs. or ---min.?

8 OCCUPATION (a) Trade profession or particular kind of work Farming. (b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER John Nash.

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary Bora.

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) F. W. Huskey.

(Address) _____

15 _____ 19 _____ J. V. Herrem Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27 1929 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from June 7th 1929, to June 27th 1929, that I last saw him live on June 24th 1929 and that death occurred, on the date stated above, at 7:30 M

The CAUSE OF DEATH* was as follows: Intestinal dysentery 16c

(Duration) _____ yrs. mos. ds.

Contributory (Secondary) _____ (Duration) _____ yrs. mos. ds.

Signed R. H. Miller, M. D. July 6th 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 Nash Cemetery DATE OF BURIAL 6/27 1929

20 UNDERTAKER J. V. Herrem & Co ADDRESS Cockfield