

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. 20
 or
 Village _____
 or
 City Bothers Ferry (No. 11,
 2 FULL NAME Ralph Lewis Sutton

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

M
 20731
 File No. 7
 Reg. No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 47220
 Primary Registration District No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, or divorced (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>March 3</u> , 19 <u>29</u> (Month) (Day) (Year)		
7 AGE <u>abt. 5</u> yrs. 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) <u>Mich</u>		
PARENTS	10 NAME OF FATHER <u>Howard Hestel Sutton</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Helda Lewis</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>MO.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 20th, 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from July 13th, 1929, to July 21st, 1929, that I last saw him alive on July 20th, 1929, and that death occurred, on the date stated above, at 8:22 AM

The CAUSE OF DEATH* was as follows:
Cholera Morbus 15

(Duration) yrs. mos. 9 ds.
 Contributory Impetigo Contagiosa
 (Secondary) (Duration) yrs. mos. 13 ds.
 Signed H. A. Miller M. D.
July 24th, 1929 address Baxter Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. V. Sutton
 (Address) Detroit Mich.

15
 Filed 9-10, 1929 A. R. Fudd
 Registrar

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 Old Fellow Cemetery DATE OF BURIAL 7/21, 1929

20 UNDERTAKER J. W. Williams & Co ADDRESS Cookhampton