STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

22907

CERTIFICATE OF DEATH

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 Dist. 4

OR Village

OR City (No. , St.; Ward)

Registration District No. 47204

Primary Registration District No. 4

File No.

Registered No.

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

2 FULL NAME Junnier Shirley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

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

6 DATE OF BIRTH: July (Month) 20 (Day) 1924 (Year)

7 AGE: 5 yrs. 1 mos. 27 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): Tenn.

PARENTS

10 NAME OF FATHER: Salis Shirley

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER: Martha Hallaway

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Willie Shirley
[Address] Sparta, Tenn.

15 Filed Sept 17 192 Mrs J. S Trapp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 16 (Day) 192 4 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 192 ..., to ..... 192 ..., that I last saw h... alive on ..... 192 ..., and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows: 10

Diphtheria

[Duration] ... yrs. ... mos. ... ds.

Contributory [SECONDARY]

[Duration] ... yrs. ... mos. ... ds.

Signed W. M. Johnson M. D.

..., 192 ... Address Sparta

* 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: Cloves Cemetery — DATE OF BURIAL: Sept 18 192 9

20 UNDERTAKER: William Elrod — ADDRESS: Sparta