

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

22909

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Putnam
Civil Dist. 5
OR
Village Land Springs
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 49204

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 James Loyd Stamps

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH Sept. 3 1855
(Month) (Day) (Year)

7 AGE 74 yrs. 0 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmer. 000
(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) Putnam

10 NAME OF FATHER Edmond Stamps

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Elie Selby

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] J. L. Stamps

[Address] Mountain Tenn

15 Filed Sept 24 1929 Mrs. J. Strapp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 23 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1929 to Sept. 23 1929, that I last saw him alive on Sept 10 1929 and that death occurred; on the date stated above, at 4:15 M

The CAUSE OF DEATH* was as follows: Injured by being 188c
hit with automobile
secondary to aortic
regurgitation.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ (Duration) _____ yrs. _____ mos. _____ ds.

Signed A. H. Cooper M. D.
9/23 1929 Address Mountain 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 20 yrs. _____ mos. _____ ds. In the State 74 yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence Putnam County.

19 PLACE OF BURIAL OR REMOVAL Land Springs DATE OF BURIAL Sept. 24 1929

20 UNDERTAKER Wm. H. [unclear] ADDRESS Mountain

Form S. No. 4-40M. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1929
1855
24.