

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 Cutman
 Civil Dist. 15
 OR
 Village _____
 OR
 City _____ (No. _____ St. _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

22918

Registration District No. 47214

Primary Registration District No. 14

File No. _____
 Registered No. 36

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

2 FULL NAME Charles Edward Blaylock

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant
 6 DATE OF BIRTH March Jan. 28 1929
 (Month) (Day) (Year)
 7 AGE 5 yrs. 17 mos. 17 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

10 NAME OF FATHER Edd Blaylock

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Dissee Walker

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Edd Blaylock
 [Address] Montgomery Tenn

15 Filed Sept 15 1929 Mr. A. C. Killip

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept-12 1929 to Sept. 15 1929, that I last saw her alive on Sept 13 1929, and that death occurred, on the date stated above, at 12:25 PM

The CAUSE OF DEATH* was as follows:
Pleo-Colletis - 113

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

Signed O. W. Moore M. D.
Sept 15 1929 Address Montgomery Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, 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 2nd District

19 PLACE OF BURIAL OR REMOVAL Sand Springs DATE OF BURIAL Sept 15 1929

20 UNDERTAKER W. H. H. ADDRESS _____