

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			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>14</u>			CERTIFICATE OF DEATH		
OR Village			Registration District No. <u>47214</u>		
OR City <u>Monterey</u> (No. <u>14</u>)			Primary Registration District No. <u>14</u>		
2 FULL NAME <u>Robert Boy Garrett</u>			File No. <u>22919</u>		
Registered No. <u>36</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDDED, OR DIVORCED <u>married</u> (Write the word)	16 DATE OF DEATH <u>Sept. 30</u> , 19 <u>29</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Sept. 30</u> , 19 <u>78</u> [Month] [Day] [Year]			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept. 30</u> , 19 <u>29</u> , to <u>Sept 30</u> , 19 <u>29</u> , that I last saw him alive on <u>Sept 30</u> , 19 <u>29</u> , and that death occurred, on the date stated above, at <u>5:30 P.M.</u>		
7 AGE <u>51</u> yrs. <u>2</u> mos. <u>2</u> ds.		If LESS than 1 day.....hrs. or.....min.?	The CAUSE OF DEATH* was as follows: <u>Injury by falling off water tank platform</u> <u>at work</u> [Duration] yrs. mos. ds. <u>188c</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory [SECONDARY] [Duration] yrs. mos. ds.		
9 BIRTHPLACE (State or country)			Signed <u>W. C. Jones</u> M. D.		
10 NAME OF FATHER			Address <u>Monterey Tenn</u>		
11 BIRTHPLACE OF FATHER [State or country]			* 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.		
12 MAIDEN NAME OF MOTHER			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] At place of death <u>6</u> yrs. <u>6</u> mos. <u>2</u> ds. In the State <u>6</u> yrs. <u>6</u> mos. <u>2</u> ds.		
13 BIRTHPLACE OF MOTHER [State or country]			Where was disease contracted, if not at place of death? Former or usual residence <u>Putnam County</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Leta May Garrett</u> [Address] <u>Monterey Tenn.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Wilmington</u> DATE OF BURIAL <u>Oct. 1 1929</u>		
15 Filed <u>Oct. 1</u> , 19 <u>29</u> <u>Mrs. A. C. Killebrew</u> REGISTRAR			20 UNDERTAKER <u>DMY 571</u> ADDRESS <u>Oct. 1 1929</u>		