

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. 1
 or
 Village _____
 or
 City City
 Registration District No. 121
 Primary Registration District No. 21201
 (No. 118 Oak St.; Ward)

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

S
 25267
 File No. _____
 Reg. No. 52

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

2 FULL NAME William Oscar Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced (Write the word) Single

6 DATE OF BIRTH _____ 1 _____ (Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
6 yrs. 6 mos. _____ ds.

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 Benton Davis

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Lucy Whitaker

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Benton Davis

(Address) City

15 Filed Nov. 10 1929 Jhelma Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 6
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Oct. 3 1929, to Oct 6 1929, that I last saw her alive on Oct. 6 1929 and that death occurred, on the date stated above, at 425

The CAUSE OF DEATH* was as follows:
Leukemia and rheumatism of ears
113
 (Duration) _____ yrs. _____ mos. 10 ds.

*Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

Signed J. P. Stone M. D. Oct. 10 1929 address Leaksville

*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 _____ 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 Chate Cemetery DATE OF BURIAL 10/7 1929

20 UNDERTAKER J. Whitaker ADDRESS City