

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. 3  
 or Village Cookeville #6  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
 Registration District No. 47203  
 Primary Registration District No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Reg. No. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Will Ear Lamb

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

25273

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or divorced (Write the word) \_\_\_\_\_  
 6 DATE OF BIRTH Dec 1 1926  
 (Month) (Day) (Year)  
 7 AGE 2 yrs. 10 mos. 21 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
 8 OCCUPATION (a) Trade profession or particular kind of work Daughter of Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 9 BIRTHPLACE (State or country) Tennessee  
 PARENTS  
 10 NAME OF FATHER Charles Lamb  
 11 BIRTHPLACE OF FATHER (State or country) Tennessee  
 12 MAIDEN NAME OF MOTHER Velma Hunter  
 13 BIRTHPLACE OF MOTHER (State or country) Tennessee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 22 1929  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attend deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 7 PM  
 The CAUSE OF DEATH\* was as follows:  
no doctor died sudden  
diphtheria 2056  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory \_\_\_\_\_ (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed \_\_\_\_\_ M. D.  
 \_\_\_\_\_ 19\_\_\_\_ address \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Dudley Phyles  
 (Address) Cookeville #6  
 15 Filed Nov 9 1929 Mrs Ryan Hill Registrar

\*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Social, 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 Dry Valley Cemetery DATE OF BURIAL 10/23 1929  
 20 UNDERTAKER H B Hunter ADDRESS Sparta