

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. 17
 or
 Village _____
 or
 City MONTEREY, (No. _____, St.; _____ Ward)
 Registration District No. 47214
 Primary Registration District No. 14
 File No. _____
 Reg. No. 39
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME BETTIE JOE Mc DANIEL.

STATE OF TENNESSEE

25279

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE WHITE. 5 Single, Married, Widowed, or divorced (Write the word) _____

6 DATE OF BIRTH JULY, 5, 1928
 (Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 9 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 GEORGE MC DANIEL.

11 BIRTHPLACE OF FATHER (State or country) TENN

12 MAIDEN NAME OF MOTHER HATTIE SWAFFORD.

13 BIRTHPLACE OF MOTHER (State or country) TENN

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mr. GEO MC DANIEL.
 (Address) MONTEREY, Tenn.

15 Filed Oct 28 1929 Mrs. A. C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH OCT, 24, 1929.
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Oct 24 1929 to Oct 24, 1929, that I last saw her alive on Oct 24, 1929 and that death occurred, on the date stated above, at 9 P. M
 The CAUSE OF DEATH* was as follows: 32
Intoxicating Neurotoxic

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

Signed W. C. [Signature] M. D.
Oct 28 1929 Address Monterey, 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 1 yrs. 3 mos. 9 ds. In the 1 State 1 yrs. 3 mos. 9 ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL WOOLCLIFT, CEMETARY. DATE OF BURIAL Oct. 25, 1929.
 20 UNDERTAKER D.M. GOFF ADDRESS MONTEREY, T