

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. 14
 or
 Village _____
 or
 City Monterey (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

25281

File No. _____

Reg. No. _____

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

2 FULL NAME Jamie Grimes Nichols

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or divorced (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Jan 13 1897</u> (Month) (Day) (Year)		
7 AGE <u>32 yrs. 9 mos. 16 ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.?
8 OCCUPATION (a) Trade profession or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>000</u>		
9 BIRTHPLACE (State or country) <u>Putnam Co.</u>		
PARENTS	10 NAME OF FATHER <u>J. P. Nichols</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>	
	12 MAIDEN NAME OF MOTHER <u>Hattie Grimes</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Mauvey Co. Tenn.</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leila Nichols
 (Address) Baytes

15

Filed Oct. 29 1929 Mrs. A. C. Killyff
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Oct 28 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from July 1928, to Oct 28 1929, that I last saw him alive on Oct 29 1929, and that death occurred, on the date stated above, at 4 AM
 The CAUSE OF DEATH* was as follows: 31

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

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

Signed J. C. Offord M. D.
Oct 29 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 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

Buffalo Valley Oct. 29 1929

20 UNDERTAKER

ADDRESS