

Form S. No. 4-40M. WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 statements of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Putnam
 Civil Dist. 13
 OR
 Village Silver Point
 OR
 City _____ (No. _____, St.; _____ Ward)
 Registration District No. 47213
 Primary Registration District No. _____
2 FULL NAME Mrs Jennie Wallace
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 25283
 File No. 2
 Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

6 DATE OF BIRTH 10 27 1865
 (Month) (Day) (Year)

7 AGE 63 yrs. 11 mos. 11 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Decalb. Co.

PARENTS

10 NAME OF FATHER Alex Dunham

11 BIRTHPLACE OF FATHER [State or country] Decalb. Co.

12 MAIDEN NAME OF MOTHER Eliza Vinchster

13 BIRTHPLACE OF MOTHER [State or country] Decalb. Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Edward Wallace
 [Address] Silver Point Tenn

15 Filed Oct 10 1929 C. G. Hall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 8 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1929 to Oct 7 1929
 that I last saw her alive on Oct 7 1929
 and that death occurred, on the date stated above, at 5a M
 The CAUSE OF DEATH* was as follows: Dysentery 16c
 [Duration] _____ yrs. _____ mos. 15 ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. P. Smith M. D.
Oct 8 1929 Address Silver Point 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 Smillage Cem DATE OF BURIAL Oct 9 1929

20 UNDERTAKER Walter J. J. J. ADDRESS Buffalo Tenn