Form V. S. No. 540M—Jan. 25, 1927.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

27594

1 PLACE OF DEATH
County Putnam
Civil Dist. 9
OR
Village
OR
City (No. , St.; Ward)

Registration District No. 725
Primary Registration District No. 9
File No.
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Edward Huddleston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6 DATE OF BIRTH: March (Month) 17 (Day) 1929 (Year)

7 AGE: yrs. 7 mos. 14 ds.
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: Reuben E. Huddleston
11 BIRTHPLACE OF FATHER [State or country]: Tenn
12 MAIDEN NAME OF MOTHER: Beatrice M. Jones
13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Jim Huddleston
[Address] Buffalo Valley Tenn

15
Filed Nov. 4, 1929 W. R. Medley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. [Month] 3 [Day] 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from X 19.. , to X , 19.. ,
that I last saw h.. X alive on X , 19..
and that death occurred, on the date stated above, at M
The CAUSE OF DEATH* was as follows: 114

Flux

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed no Dr. , M. D.

, 19.. Address

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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: Home Graveyard
DATE OF BURIAL: Nov. 4 1929
20 UNDERTAKER
ADDRESS