

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. 8
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

27596

File No. 4
 Reg. No. _____

Registration District No. 47208

Primary Registration District No. _____

2 FULL NAME Lorinil L. Linn

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, or divorced (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>X</u> <u>7</u> <u>9</u> <u>1929</u> (Month) (Day) (Year)		
7 AGE <u>X</u> _____ yrs. _____ mos. <u>4</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
8 OCCUPATION (a) Trade profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Putnam Co.</u>		
PARENTS	10 NAME OF FATHER <u>Lando Linn</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Putnam Co.</u>	
	12 MAIDEN NAME OF MOTHER <u>Velma Mahan</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Putnam Co.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
X 12 9 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 _____ M

The CAUSE OF DEATH* was as follows:
spinal trouble 205a

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

Signed Dr. R. H. Millis M. D.
 _____ 19____ address Baxter Ten

*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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. P. Linn

(Address) Baxter Ten

15
 Filed 12/7 1929 J. J. Herren
 Registrar

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 Bartlett Springs DATE OF BURIAL 12-10-1929

20 UNDERTAKER _____ ADDRESS _____