

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

27599

1 PLACE OF DEATH

County PUTNAMCivil Dis. 14thor
Village _____or
City MONTE EYRegistration District No. 47214Primary Registration District No. 14

(No. _____, St.; _____ Ward)

File No. _____

Reg. No. 41

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

2 FULL NAME Mrs SALLIE GARRETT (GARRETT)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE 4 COLOR OR RACE WHITE 5 Single, Married, Widowed, or divorced (Write the word) MARRIED6 DATE OF BIRTH MAY 24 1882
(Month) (Day) (Year)7 AGE 47 yrs. 5 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?8 OCCUPATION
(a) Trade profession or particular kind of work HOUSE WIFE
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE
(State or country) TENN10 NAME OF FATHER HENRY Mc DANIEL11 BIRTHPLACE OF FATHER
(State or country) TENN12 MAIDEN NAME OF MOTHER ADALINE WALLACE13 BIRTHPLACE OF MOTHER
(State or country) TENN.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs M.A WALLACE(Address) CRAWFORD TENN15 Filed Nov. 11 1929 Mrs. A. C. Killeff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 9 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attend deceased from Oct 15 1929, to Nov 9 1929
that I last saw he alive on Nov 9 1929
and that death occurred, on the date stated above, at 7 P MThe CAUSE OF DEATH* was as follows: 31Pulmonary Tuberculosis(Duration) 4 yrs. ___ mos. ___ ds.Contributory
(Secondary) _____

(Duration) ___ yrs. ___ mos. ___ ds.

Signed W. C. Coffin M. D.
Nov-12 1929 address Monte Ey 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. 45 ds. In the State 47 yrs. 5 mos. 7 ds.

Where was disease contracted, if not at place of death?

* Former or usual residence CRAWFORD, TENN. (OVERTON COUNTY)19 PLACE OF BURIAL OR REMOVAL CRAWFORD TENN DATE OF BURIAL NOV 11 192920 UNDERTAKER D.M. GOFFADDRESS MONTE EY TENN.

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.