

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			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH		
Civil Dis. <u>17</u>			Bureau of Vital Statistics		
or Village _____			CERTIFICATE OF DEATH		
or City <u>Monterey</u>			Registration District No. <u>47214</u>		
2 FULL NAME <u>Bette Elizabeth</u>			Primary Registration District No. <u>14</u>		
			File No. _____		
			Reg. No. <u>43</u>		
			(If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or divorced <u>Divorced</u>	16 DATE OF DEATH <u>Nov 29 1929</u>		
6 DATE OF BIRTH <u>June 24 1868</u>			(Month) (Day) (Year)		
7 AGE <u>61</u> yrs. <u>5</u> mos. <u>5</u> ds.		If LESS than 1 day, --- hrs. or --- min.?	17 I HEREBY CERTIFY, That I attend deceased from <u>Nov 23rd 1929</u> to <u>Nov 29th 1929</u>		
8 OCCUPATION (a) Trade profession or particular kind of work <u>Home wife</u>			that I last saw <u>her</u> alive on <u>Nov 28th 1929</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)			and that death occurred, on the date stated above, at <u>10 AM</u>		
9 BIRTHPLACE (State or country) <u>Tenn</u>			The CAUSE OF DEATH* was as follows: <u>Cerebral</u>		
10 NAME OF FATHER <u>J. G. Wallaker</u>			(Duration) _____ yrs. _____ mos. <u>10</u> ds.		
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>			Contributory (Secondary) _____		
12 MAIDEN NAME OF MOTHER <u>Bagwell</u>			(Duration) _____ yrs. _____ mos. _____ ds.		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>			Signed <u>C. H. Killeff, M. D.</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Carlton Swofford</u>			<u>Nov 30 1929</u> address <u>Monterey Tenn</u>		
(Address) <u>Monterey Tenn</u>			*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.		
15 Filed <u>Nov. 30 1929</u> <u>Mrs. A. C. Killeff</u> Registrar			18 LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents) At place of death <u>40</u> yrs. _____ mos. _____ ds. In the State <u>61</u> yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? <u>Local</u> Former or usual residence <u>Tenn</u>		
			19 PLACE OF BURIAL OR REMOVAL <u>Walsh St. Monterey</u>		
			DATE OF BURIAL <u>Nov 30 1929</u>		
			20 UNDERTAKER <u>Dr. H. H. H.</u>		
			ADDRESS <u>Monterey</u>		