

Delayed Cert.

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. 13th
 or
 Village _____
 or
 City Silver Point (No. R, #1 St.; _____ Ward)
 Registration District No. 47213
 Primary Registration District No. _____
 2 FULL NAME Dorris Fay Lafuas

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 27604
 File No. 16
 Reg. No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7
 4 COLOR OR RACE W
 5 Single, Married, Widowed, or Divorced (Write the word) Single
 6 DATE OF BIRTH May 19 1928
 (Month) (Day) (Year)
 7 AGE about 1 Hr 5 mos 22 ds
 If LESS than 1 day, ___ hrs. or ___ min.?
 8 OCCUPATION
 (a) Trade profession or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 9 BIRTHPLACE (State or country) Tenn.
 10 NAME OF FATHER Rutledge Lafuas
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Jadie Foster
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 10 24
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attend deceased from Oct 2 1929, to Oct 10 1929, that I last saw him alive on Oct 10 1929 and that death occurred, on the date stated above, at 11:35 P.M.
 The CAUSE OF DEATH* was as follows:
Dysentery

 (Duration) ___ yrs. ___ mos. 9 ds.
 Contributory (Secondary) _____
 (Duration) ___ yrs. ___ mos. ___ ds.
 Signed J. B. Smith M. D.
Oct 11 1929 address Silver Point Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Rutledge Lafuas
 (Address) Silver Point Tenn.
 15
 Filed Dec. 1929 C. G. Hall
 Registrar

*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, (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 Silver Point Cemetery DATE OF BURIAL 10/11 29
 20 UNDERTAKER Jesse Whitson ADDRESS Coopersville Tenn.