

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. 1st
 or
 Village _____
 or
 City City
 2 FULL NAME Napoleon Bonaparte Braun

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

H
 30415

Registration District No. 121
 Primary Registration District No. 21201
 (No. 609 Cedar St St.; _____ Ward)

File No. _____

Reg. No. 63

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, Divorced, or Married
 (Write the word)
 6 DATE OF BIRTH _____
 (Month) (Day) (Year)
 7 AGE 79 yrs. 10 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS
 10 NAME OF FATHER Don't know
 11 BIRTHPLACE OF FATHER (State or country) " "
 12 MAIDEN NAME OF MOTHER " "
 13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. B. Braun
 (Address) City

15
 Filed Jan 10 1930 Thelma Moore
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Nov 28 1924, to Dec 8 1924, that I last saw him alive on Dec 8 1924 and that death occurred, on the date stated above, at 11A

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 Signed W. A. Howard M. D.
12/9 1924 address City

*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 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 City Cemetery DATE OF BURIAL 12/9 1924
 20 UNDERTAKER Leitch & Co ADDRESS City