

DO NOT TEAR OUT
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 Dist. 15th
OR
Village Algood R # 2
OR
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

30423

CERTIFICATE OF DEATH

Registration District No. 726

File No. 4

Primary Registration District No. 47215

Registered No.

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

2 FULL NAME Laura Burton Phillips

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH April 2, 1854
[Month] [Day] [Year]

7 AGE 75 yrs. 7 mos. 19 ds.
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Tennessee
(State or country)

10 NAME OF FATHER Clinton Burton

11 BIRTHPLACE OF FATHER dont know
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Jones

13 BIRTHPLACE OF MOTHER dont know
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bro Phillips

[Address] Algood Tenn R # 2

15 Filed 1929 L.M. Huddleston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 21, 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929 to Nov 21, 1929, that I last saw her alive on Nov 21, 1929, and that death occurred, on the date stated above, at 2:30 P M
The CAUSE OF DEATH was as follows:

Lobar Pneumonia
101a

[Duration] yrs. mos. ds.

Contributory Valvular Heart Disease
[Duration] yrs. mos. ds.

Signed W. H. Saylor M. D.
1929 Address Cookeville Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Phillips Groves Nov 23, 1929

20 UNDERTAKER H. W. H. Corp + Painter Co Algood Tenn