

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. 1924
 or
 Village _____
 or
 City Algood
 2 FULL NAME Dolphus Anderson Wiggins

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

30426

File No. 13

Registration District No. 126

Primary Registration District No. 47219

Reg. No. _____

(No. Down St.; _____ Ward)

(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, or divorced With the widow Wid.

6 DATE OF BIRTH _____ 1 _____
 (Month) (Day) (Year)

7 AGE abt 70 yrs. _____ mos. _____ 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

PARENTS
 10 NAME OF FATHER Joseph Wiggins
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Indie Morlow
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) D. M. Wiggins
 (Address) _____

15 _____
 Filed _____ 19 _____ L. M. Huddleston
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25 24
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from June 1927 to Dec 25 1929, that I last saw him alive on Dec 23 1929 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Malignant prostatic gland.
asthmatic for 49
 (Duration) 15 yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

Signed J. P. Moore M. D.
Dec 26 1929 address Algood

*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. _____ 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 Lowry Cemetery DATE OF BURIAL 12/28 24
Jewell & Co ADDRESS City