

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

555

1 PLACE OF DEATH

County Putnam  
Civil Dist. First  
or Village \_\_\_\_\_  
or City Cookeville (No. \_\_\_\_\_, St., Ward) \_\_\_\_\_

Registration District No. 221  
Primary Registration District No. 47201

File No. \_\_\_\_\_  
Registered No. 21

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

2 FULL NAME Charles Bradford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Jan 17 1874  
(Month) (Day) (Year)

7 AGE 74 yrs. 6 mos. 24 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) Tennessee

10 NAME OF FATHER Bradford

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Huddleston

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J.B.S. Martin

(Address) Cookeville Tennessee

18 Filed 7/11 1918 Registrar Leif Oyst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 6 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1918, to Aug 5 1918, that I last saw him alive on Aug 5 1918, and that death occurred, on the date stated above, at \_\_\_\_\_.

The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease and Chronic Cystitis + Prostatitis  
(Duration) \_\_\_\_\_ yrs. 90

Contributory (specify) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J.B.S. Martin M.D. 9/11 1918 (Address) Cookeville

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

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAININGS, 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 Family Graveyard DATE OF BURIAL Aug 7 1918

20 UNDERTAKER Gene Wharton Holston ADDRESS Cookeville

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully reported. AGE should be printed LEGALLY. 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.