

MARGIN RESERVED FOR BINDING

Form V. B. No. 4

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 *7201*
 County *Putnam*
 Civil Dis. *1st* Registration District No. *7201*
 Village *R 5* Primary Registration District No. *47201*
 City *Cookeville* (No. _____ St. _____ Ward _____)
 Length of residence in city or town where death occurred _____
 2. FULL NAME *Josie Breeding Busell*
 (a) Residence: No. _____ St. _____ Ward _____

STATE OF TENNESSEE
 STATE DEPARTMENT OF HEALTH
 Division of Vital Statistics
 CERTIFICATE OF DEATH
 File No. *6059*
 Reg. No. *368*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years Months Days If LESS than 1 year _____
 8. Trade, profession, or occupation (kind of work done, as driver, server, bookkeeper, etc.)
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *Housework*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) (State or country) *Tenn.*
 13. NAME *Joe Breeding*
 14. BIRTHPLACE (city or town) (State or country) *Tenn.*
 15. MARRIAGE NAME *Sallie Whitson*
 16. BIRTHPLACE (city or town) (State or country) *Tenn.*
 17. BIRTHPLACE (city or town) (State or country) *Mrs. Sherman Breeding*
 18. BIRTHPLACE (city or town) (State or country) *Cookeville, Tenn.*
 19. UNDETAILED *Sere Whitson Co.*
 20. BURIAL *April 10, 1939*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *March 14 1939*
 22. I HEREBY CERTIFY, THAT I attended deceased from _____ to _____
 I last saw _____ while on _____
 He last worked on the case stated above, at _____
 The principal cause of death and related causes of importance in order of their importance follows:
Dyspepsia - Onset
shakes when her
home burned
No Physician
 Contributory causes of importance and related to principal cause:
 Name of occupation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external cause (violence) fill in also the following:
 Accident, suicide, or homicide _____ Date of injury _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 Nature of injury _____
 Nature of trauma _____
 24. Was there or injury to eye was related to investigation of deceased? *No*
 If so, specify _____
 (Signatures) *John L. Gray, M.D.*
Cooksville, Tenn.