

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH1 PLACE OF DEATH  
County Putnam  
Civil Dist. 1st  
OR  
Village  
OR  
City Cookville Tenn R.F.D.Registration District No.  
Primary Registration District No. 47707  
St.; Ward)File No.  
Registered No. 9  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]2 FULL NAME Irene Russell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)  
6 DATE OF BIRTH May 30 1923  
(Month) (Day) (Year)  
7 AGE 9 yrs. 7 mos. 6 ds. 78 11 LESS than 1 day, hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work N  
(b) General nature of industry, business, or establishment in which employed (or employee)9 BIRTHPLACE (State or country) TennesseePARENTS  
10 NAME OF FATHER Billie Russell  
11 BIRTHPLACE OF FATHER (State or country) Tennessee  
12 MAIDEN NAME OF MOTHER Ruda Elrod  
13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Billie Russell  
[Address] Cookville Tenn15  
FILED 3/25 1933 Long  
REGISTER

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 23 1933  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 191 to 191, that I last saw him alive on 191 and that death occurred, on the date stated above, at 59 M. The CAUSE OF DEATH\* was as follows:  
Cholera and IndigestionContributory (SECONDARY) [Duration] yrs. mos. ds.  
Signed H. C. Martin M. D.  
IN Address Cookville

\* 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. State. In the State. yrs. mos. ds.  
Where was disease contracted, (Lead at place of death?)  
Former or usual residence.19 PLACE OF BURIAL OR REMOVAL Davis Graving  
20 UNDERTAKER  
DATE OF BURIAL 3/23 1933  
ADDRESS

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.

MARGIN RESERVED FOR BINDING