

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County PutnamCivil Dist. First

Village \_\_\_\_\_

City Cookeville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 227Primary Registration District No. 47201File No. 122Registered No. 17

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

2 FULL NAME E. A. Cole

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Jan 2 1887  
(Month) (Day) (Year)7 AGE 65-3 mos. 21 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) Tennessee10 NAME OF FATHER Jim Cole11 BIRTHPLACE OF FATHER (State or country) Tn.12 MAIDEN NAME OF MOTHER Kachel Choate13 BIRTHPLACE OF MOTHER (State or country) Tn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Beck(Address) Cookeville15 Filed Apr 27 1917 Ray Dyer REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26 1917  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr 25 1917 to Apr 26 1917 that I last saw him alive on Apr 26 1917 and that death occurred, on the date stated above, at 117.  
The CAUSE OF DEATH\* was as follows:  
Tuberculosis

Contributory (secondary) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Ray Dyer M. D.  
Apr 27 1917 (Address) Cookeville

\*State the Disease Caused Death, or, in deaths from Violent Causes, state (1) MANNER 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 Street DATE OF BURIAL 4 28 191720 UNDERTAKER John L. Cook ADDRESS Cookeville

WHITE 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.