PLACE OF DEATH

County: Putnam

Civil Dist. 6th

or Village

or City: Algood (No. R.F.D. ... St. ... Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

12596

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registrar's No. 443

[Primary Registration District is that in which death occurred if within a city; otherwise the district in which the place of death is located.]

2. FULL NAME: Zeta Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. WHETHER MARRIED, WIDOWED, OR DIVORCED: Widowed

6. DATE OF BIRTH: (Month) (Day) (Year)

7. AGE: Yrs. 81 Mos. ... Days ... Hours ... Min.

8. OCCUPATION: (a) Trade, profession, or particular work: Farmer. (b) General nature of industry, business, or establishment in which engaged (or retired): None

9. BIRTHPLACE (State or country): Tenn.

PARENTS

10. NAME OF FATHER: John Davis

11. BIRTHPLACE OF FATHER (State or country): Tenn.

12. MAIDEN NAME OF MOTHER: Martha Hill

13. BIRTHPLACE OF MOTHER (State or country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: Thomas Davis (Informant) Algood Tenn. (Address)

15. Date: ... 19... Willie Judd (Signature)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 26 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1918, to June 26 1918; that I last saw him alive on June 1 1918; and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH was as follows: Cancer of Hand. 12

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary): ____

(Duration) ... yrs. ... mos. ... ds.

Signed: J. W. Moore, M.D.

Jun 27 1918 Post Office Address: Algood Tenn.

If Death Occurred in Hospital or Other Institution, state the Name and Address of Institution: ____

Was Operation Performed? ____ Was autopsy performed? ____

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents): At place of death ... yrs. ... mos. ... ds. Where did deceased reside before? ____ How long in this place? ____ Former or usual residence: ____

19. Place of Burial, Cremation, or Removal: Hope Cemetery

Date of Burial: 6/27/18

20. Undertaker: Lee Stockton

City: ____

Form V. S. No. 4—400. WHITE PAPER. WRITE LEGIBLY AND—THIS IS A PERMANENT RECORD. N. B.—Every line of data must should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, as clearly and as fully as possible. Read statement on back of certificate. VIEW is very important. See statement on back of certificate.