

N. B. Every item of information should be correctly 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.

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

9  
14

**1 PLACE OF DEATH**  
 County Putnam  
 Civil Dist. First  
 or Village Cokerills Tenn  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

Registration District No. 721 File No. \_\_\_\_\_  
 Primary Registration District No. First Registered No. \_\_\_\_\_

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

**2 FULL NAME** Mrs Christopher Davis

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** F **4 COLOR OR RACE** White **5 MARRIED, WIDOWED, OR DIVORCED** Married  
(Write the word)

**6 DATE OF BIRTH** \_\_\_\_\_, 1878  
(Month) (Day) (Year)

**7 AGE** 36 yrs. 0 mos. 0 ds. **IF LESS than** 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work House-work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**9 BIRTHPLACE** (State or country) Tennessee

**10 NAME OF FATHER** John Phig

**11 BIRTHPLACE OF FATHER** (State or country) Tennessee

**12 MAIDEN NAME OF MOTHER** Ramsdell

**13 BIRTHPLACE OF MOTHER** (State or country) Tennessee

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) \_\_\_\_\_  
 (Address) \_\_\_\_\_

**15** Filed Feb 12, 1914 Vertie Sparker  
REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Jan 28, 1914  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, that I attended deceased from 1/23 1914, to Jan 27, 1914, that I last saw her alive on Jan 27, 1914, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Over-purine sepsis  
or Child bed fever  
146  
About 10 hrs. (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory** (secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) W. H. Howard, M. D.  
Feb 11, 1914. (Address) Algood Tenn

\*State the DISEASE CAUSING 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)  
 A) 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** Cokerills Tenn **DATE OF BURIAL** Jan 29, 1914

**20 UNDERTAKER** Jess Whitson **ADDRESS** Adels-Cook