

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County PutnamCivil Dist. 3Village CookevilleCity R.F.D. 1Registration District No. 722Primary Registration District No. 47203

File No. \_\_\_\_\_

Registered No. 9

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

2 FULL NAME Wesley Davis

## 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 \_\_\_\_\_  
(Month) (Day) (Year) 8-4-19237 AGE 32 yrs. 11 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 John Davis11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER not known13 BIRTHPLACE OF MOTHER (State or country) T

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lynn Davis[Address] Cookeville15 July 1923 R.B. Blouse  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 19 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192\_\_\_\_ to \_\_\_\_\_ 192\_\_\_\_

that I last saw him alive on \_\_\_\_\_ 192\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH was as follows: old age 164

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed had no physician

-192- Address: \_\_\_\_\_

\* State the DISEASE CAUSING DEATH, or, in deaths from Violence CAUSES state: (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS]

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Formal or usual residence: \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Sullivan County DATE OF BURIAL July 20 192320 UNDERTAKER Lynn Davis ADDRESS Cookeville

WRITE PLAINLY, WITH ENLARGING 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.