STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

463 X

1 PLACE OF DEATH

County Putnam

Civil Dist. [illegible]

or Village Baxter Tenn

or City ______ (No. ______ St.; ______ Ward)

Registration District No. ______

Primary Registration District No. ______

File No. 6

Registered No. ______

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

2 FULL NAME William W. Ellis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6 DATE OF BIRTH March 6, 18[illegible] (Month) (Day) (Year)

7 AGE 71 yrs. 3 mos. 13 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) General Farming

9 BIRTHPLACE (State or country) [illegible]

PARENTS

10 NAME OF FATHER Albert [illegible]

11 BIRTHPLACE OF FATHER (State or country) N. C. [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (State or country) [illegible]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. W. Ellis

(Address) Baxter Tenn

15 Filed 6-20-1917 [illegible] Judd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 19, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1917, to June 19, 1917, that I last saw him alive on June 17, 1917, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH * was as follows:

[illegible]

(Duration) 5 yrs. ---- mos. ---- ds.

Contributory (secondary) Advanced age

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

(Signed) R. W. [illegible], M. D.

June 17, 1917 (Address) Baxter Tenn

*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. 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 Baxter Tenn

DATE OF BURIAL June 20, 1917

20 UNDERTAKER

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.

Form V. S. No. 4—100M.