

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGR 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.

1 PLACE OF DEATH

County Putnam  
 Civil Dist. 2d  
 or Village Baxter  
 or City Tenn. No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

File No. 925  
 Registered No. \_\_\_\_\_

2 FULL NAME Pollie Harris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_ 1827  
(Month) (Day) (Year)

7 AGE 87 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION Housekeeper  
(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE Tennessee  
(State or country)

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER \_\_\_\_\_  
(State or country)

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER \_\_\_\_\_  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Sligo

(Address) Silvers Point

15 Filed \_\_\_\_\_ 1914 Isaac Medley  
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 28, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191, to \_\_\_\_\_ 191, that I last saw her alive on Dec 26, 1914, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH\* was as follows: Old age 76 1/2

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

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

(Signed) W. F. Sewell, M. D.  
Dec 28, 1914. (Address) Baxter

\*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 lbs State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or actual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Richardson Cemetery DATE OF BURIAL Dec 29, 1914

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_