

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.

1 PLACE OF DEATH		STATE OF TENNESSEE	
County <i>Putnam</i>	Registration District No. <i>47208</i>	STATE BOARD OF HEALTH	File No. <i>12238</i>
Civil Dist. <i>8</i>	Primary Registration District No.	Bureau of Vital Statistics	Registered No. <i>38</i>
Village _____	(No. _____ St.; _____ Ward)	CERTIFICATE OF DEATH	
City _____		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <i>Malissa Stewart</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH <i>5 31 1928</i>
6 DATE OF BIRTH <i>5 31 1928</i>	7 AGE <i>8 5</i> yrs. <i>7</i> mos. <i>19</i> ds.	8 OCCUPATION <i>house wife</i>	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
9 BIRTHPLACE (State or country) <i>East Tennessee</i>	10 NAME OF FATHER <i>Williamas</i>	11 BIRTHPLACE OF FATHER [State or country] <i>unans</i>	The CAUSE OF DEATH was as follows: <i>heart trouble</i>
12 MAIDEN NAME OF MOTHER <i>Stewart</i>	13 BIRTHPLACE OF MOTHER [State or country] <i>unans</i>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	[Duration] _____ yrs. _____ mos. _____ ds.
15 Filed <i>6/1 1928</i> <i>J. S. Hermon</i> REGISTRAR	18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]	19 PLACE OF BURIAL OR REMOVAL <i>Stewart cemetery</i>	20 UNDERTAKER _____