

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

County Putnam Registration District No. 47215 File No. 2  
Civil Dist. 13th Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
OR Village Silver Point City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
OR City \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Polly Wallace

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	16 DATE OF DEATH <u>April 25 1927</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Nov 14 1860</u> [Month] [Day] [Year]			17 I HEREBY CERTIFY, That I attended deceased from <u>7-15 1926</u> to <u>4-24 1927</u> that I last saw <u>her</u> live on <u>3-24 1927</u> and that death occurred, on the date stated above, at <u>5:25 PM</u>		
7 AGE <u>66</u> yrs. <u>5</u> mos. <u>11</u> ds.			11 EBBS thru 1 day, _____ hrs. or _____ min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>House Keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer).			The CAUSE OF DEATH* was as follows: <u>Cancer of Womb</u>		
9 BIRTHPLACE (State or country) <u>Tenn</u>			[Duration] _____ yrs. _____ mos. _____ ds.		
10 NAME OF FATHER <u>William Knight</u>			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
11 BIRTHPLACE OF FATHER [State or country] <u>Dont No.</u>			Signed <u>Dr. J. Smith</u> M. D. <u>1927</u> Address <u>Silver Point Tenn</u>		
12 MAIDEN NAME OF MOTHER <u>Furnett Jones</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.		
13 BIRTHPLACE OF MOTHER [State or country] <u>Dont No.</u>			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS] At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>P. Wallace</u> [Address] <u>Silver Point</u>			19 PLACE OF BURIAL OR REMOVAL <u>Silver Point</u> DATE OF BURIAL <u>April 26 1927</u>		
15 <u>April 26 1927</u> <u>C. C. Hall</u> REGISTRAR			20 UNDERTAKER <u>Walter J. Ford</u> ADDRESS <u>Silver Point</u>		

Form No. 5, No. 4-40M. VITAL RECORDING INK—THIS IS A PERMANENT RECORD. WRITING PLAINLY. VITAL 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.