

## STATE OF TENNESSEE

405

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. # 4or  
Village \_\_\_\_\_or  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; Ward \_\_\_\_\_)Registration District No. 44404

Primary Registration District No. \_\_\_\_\_

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

Registered No. 8

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

2 FULL NAME Wallis S. Clark

## 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 April 12 1859  
(Month) (Day) (Year)7 AGE 65 yrs. 3 mos. 3 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION Farmer 000  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Siias S. Clark11 BIRTHPLACE OF FATHER [State or country] Tenn12 MAIDEN NAME OF MOTHER Celia J. Shoulders13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bailey P. Clark[Address] Red Boiling Spgs15 Filed April 15 24 Patt Clark REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 15 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 10 1923 to April 15 1924, that I last saw him alive on April 15 1924 and that death occurred, on the date stated above, at 12:30 P M. The CAUSE OF DEATH\* was as follows: 75aArterio Sclerosis[Duration] 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory [SECONDARY] 7 hemiplegia  
[Duration] 1 yrs. 2 mos. \_\_\_\_\_ ds.Signed F. B. Clark M. D.April 16 1924 Address Red Boiling Spgs

\* 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 Haydenburg Tenn19 PLACE OF BURIAL OR REMOVAL Shoulders Graveyard DATE OF BURIAL April 16 192420 UNDERTAKER Lon Witt ADDRESS WillittMARGIN RESERVED FOR BINDING  
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.