

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.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 17721

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

Registration District No. 44404
 Primary Registration District No. _____
 File No. _____
 Registered No. 4

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

2 FULL NAME Robert Paul Clark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, DIVORCED** married
 (Write the word)

6 DATE OF BIRTH July 22 1881
 (Month) (Day) (Year)

7 AGE 78 yrs. 5 mos. 5 ds. **If LESS than 1 day, hrs. or min.?**

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer (ret)
 (b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Alexander Clark

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Anna McEue

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Tony Clark
 [Address] Nashville Tenn

15 Filed 7-27 1929 Patt Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1928 to July 27 1929, that I last saw him alive on July 27 1929 and that death occurred, on the date stated above, at 9:20 AM

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis 31

[Duration] 2 yrs. 2 mos. 2 ds.

Contributory [SECONDARY] Influenza
 [Duration] _____ yrs. _____ mos. 22 ds.

Signed H. B. Clark _____ M. D.
July 27 1929 Address Gainebars, 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 Haydenburg Tenn

19 PLACE OF BURIAL OR REMOVAL Strode Cemetery **DATE OF BURIAL** 7-28 1929

20 UNDERTAKER Whitwood Bros **ADDRESS** Red Spg Tenn