

MARGIN 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.

1 PLACE OF DEATH

County White
Civil Dist. 1
OR
Village Sparta #3
OR
City (No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

2214

Registration District No. 941
Primary Registration District No. 1

File No. _____

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Oliver Eustice Miller

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 Oct 16 1904
(Month) (Day) (Year)

7 AGE 22 yrs. 3 mos. 4 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION on Farm
(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) Tennessee

10 NAME OF FATHER James C. Miller

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Pearl Davis

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] J. C. Miller

[Address] Sparta #3

15 Jan. 26 1927 Cella Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 20 1927
Month [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Jan 20 1927, that I last saw him alive on Jan 20 1927 and that death occurred, on the date stated above, at 3:45 P M

The CAUSE OF DEATH* was as follows:
Bilateral Lobar Pneumonia

[Duration] yrs. mos. 10 ds.

Contributory acute Arterial Rheumatism
[SECONDARY] [Duration] yrs. mos. 14 ds.

Signed Edgar C. Hausman M. D.
Jan 22 1927 Address Sparta, 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 _____

19 PLACE OF BURIAL OR REMOVAL Union Cemetery DATE OF BURIAL 1/22 1927

20 UNDERTAKER H. B. Smith ADDRESS Sparta