

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

2215

1 PLACE OF DEATH
County White
Civil Dist. 1
OR
Village Sparta
OR
City Virginia Anderson (Ward)

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 Dasil Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) —

6 DATE OF BIRTH July 15 1921
(Month) (Day) (Year)

7 AGE 5 yrs. 6 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(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 A P Anderson

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Dasil Holder

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs Dasil Anderson

[Address] Sparta Tenn

15 Filed Jan 21 1927 by Alta Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 20 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from June 18 1927 to June 18 1927.
that I last saw him alive on June 19 1927
and that death occurred, on the date stated above, at 8:21

The CAUSE OF DEATH* was as follows:
Brown

oil can exploded while at work
[Duration] yrs. mos. ds.

Contributory fall
[SECONDARY] [Duration] yrs. mos. ds.

Signed M. M. Johnson M. D.
1-21-1927 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 Highland Cemetery DATE OF BURIAL 1/21 1927

20 UNDERTAKER W. H. Hunter ADDRESS Sparta