

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*

Village *Sparta*

City (No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

4398

CERTIFICATE OF DEATH

Registration District No. *941*

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

Primary Registration District No. *1*

Registered No. \_\_\_\_\_

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

2 FULL NAME *John E. Bradley*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*  
(Write the word)

6 DATE OF BIRTH *March 13, 1868*  
(Month) (Day) (Year)

7 AGE *58 yrs. 11 mos. 7 ds.* If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) *Tennessee*

10 NAME OF FATHER *Charles Bradley*

11 BIRTHPLACE OF FATHER [State or country] *Tennessee*

12 MAIDEN NAME OF MOTHER *Polly Ann Geer*

13 BIRTHPLACE OF MOTHER [State or country] *Tennessee*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] *Noah Bradley*

[Address] *Sparta Tenn*

15 Filed \_\_\_\_\_ 191*1* *A. R. Richards*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 20, 1927*  
[Month] [Day] [Year]

I HEREBY CERTIFY, That I attended deceased from *July 12, 1927* to *July 20, 1927*, that I last saw him live on *July 19, 1927* and that death occurred, on the date stated above, at *1 AM*

The CAUSE OF DEATH was as follows:  
*Pulmonary Tuberculosis, Chronic Acute, Generalized Rt. Chest*

[Duration] *1 yrs. 6 mos.* ds.

Contributory *Gastrostomy, Tuberculosis with Emphysema*  
[Duration] \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Signed *Edgar C. Hausier* M. D.  
*7/20, 1927* Address *Sparta*

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 DATE OF BURIAL  
*Highland County Tenn 7/20 1927*

20 UNDERTAKER ADDRESS  
*A. B. Hunter Sparta*