

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

6904

File No. _____

Registered No. _____

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

1 PLACE OF DEATH

County WhiteCivil Dist. 1OR Village Sparta Tn

OR City _____

Registration District No. 941Primary Registration District No. 1

(No. _____ St.; _____ Ward)

2 FULL NAME

Esaue Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE about 4 yrs. - mos. - 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)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER unknow

11 BIRTHPLACE OF FATHER [State or country] _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER [State or country] _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Ja Graham[Address] Sparta Tn

15

Filed 3/9-1927 A. G. Richner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH mech 1 27
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I just attended deceased from July 27 1927 to July 28 1927, that I last saw him alive on July 28 1927 and that death occurred, on the date stated above, at 1 AM

The CAUSE OF DEATH* was as follows:

Wernia[Duration] 7 yrs. mos. ds.Contributory [SECONDARY] Wernia, was not known

[Duration] _____ yrs. mos. ds.

Signed Edgar C Hawkins M. D.3/6 1927 Address Sparta Tn

* 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

New Hope Cemetery 3/7 1927

20 UNDERTAKER

ADDRESS

H. B. Muller Sparta

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.