

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. I
 OR
 Village Sparta, R.F.D.#3
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

6907

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 7
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Dock Thompson

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 Unknown
 (Month) (Day) (Year)

7 AGE About 23 If LESS than 1 day, _____ hrs. or _____ min.?
 yrs. mos. ds.

8 OCCUPATION Public works
 (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) Unknown

PARENTS
 10 NAME OF FATHER Unknown
 11 BIRTHPLACE OF FATHER [State or country] ''''
 12 MAIDEN NAME OF MOTHER Unknown
 13 BIRTHPLACE OF MOTHER [State or country] ''''

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] G.W. Clouse
Sparta.#3
 [Address]

15 Filed 4/6 1927 A.L. Richards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 13 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 5 1927 to Mar 5 1927, that I last saw him alive on Mar 5 1927, and that death occurred, on the date stated above, at 3:20 PM

The CAUSE OF DEATH* was as follows:
L.P. - P Pulmonary Phthisis
 [Duration] ? yrs. mos. ds.

Contributory [SECONDARY] _____
 [Duration] ? yrs. mos. ds.
 Signed A.E. Gaines M.D.
Mar 14 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 County, house cemetery DATE OF BURIAL 3/14 1927
 20 UNDERTAKER H.B. Hunter ADDRESS Sparta