

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. 2  
 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

Registration District No. 943  
 Primary Registration District No. \_\_\_\_\_

6908  
 File No. 16  
 Registered No. 16  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Margret. Shelton.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 21 1927  
 (Month) (Day) (Year)

7 AGE 0 yrs. 0 mos. 23 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

PARENTS

10 NAME OF FATHER Marvin. Shelton

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Lavada. Price

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Marvin. Shelton  
 [Address] Sparta. R. F. D. #3

15 Filed Mar 19 1927 Mrs. J. B. Spurgeon  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March. 14. 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192 \_\_\_\_\_ to \_\_\_\_\_ 192 \_\_\_\_\_, that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 192 \_\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ P. M. The CAUSE OF DEATH\* was as follows:

No Doctor had seen  
Child died sudden

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed \_\_\_\_\_ M. D.

\_\_\_\_\_ 192 \_\_\_\_\_ Address

\* 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 Saylor's. Cemetry DATE OF BURIAL #3/15. 1927

20 UNDERTAKER N. B. Hunter ADDRESS Sparta