

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. 6
 OR
 Village Sparta.#7
 OR
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

6912

Registration District No. 49406

File No. _____

Primary Registration District No. _____

Registered No. 2

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

2 FULL NAME Nick. Nash

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE about 78 yrs. 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) Tennessee

10 NAME OF FATHER Unknown

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] Arther. Bussell

[Address] Sparta.#7

15 _____

Filed _____ 1927 _____
Mrs. C.K. Ward,
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March. 25. 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 1927 to _____ 1927, that I last saw him alive on _____ 1927 and that death occurred, on the date stated above, at 2 AM

The CAUSE OF DEATH* was as follows:
Crisis of Liver

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

Signed A. D. Dickey M. D.
 _____ 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 _____

Howell Cemetery 3/26. 1927

20 UNDERTAKER H.B. Hunter ADDRESS Sparta