

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County White
Civil Dist. 13
OR
Village Ravenscraft
OR
City _____

Registration District No. 945
Primary Registration District No. 13
(No. _____, St.; _____ Ward)

Registered No. 6912
5
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clyde England

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)
6 DATE OF BIRTH January 4 1927
(Month) (Day) (Year)
7 AGE no yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Baby of Miner
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Beecher Hunter England

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Lou Thorton

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] B.H. England

[Address] Ravenscraft, Tenn. R.F.D. #1

15 Filed _____ 1927 Mary L Cameron
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 28 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 12 1927 to Mar 28 1927, that I last saw him alive on Mar 28 1927, and that death occurred, on the date stated above, at 9:30 AM

The CAUSE OF DEATH* was as follows:

Cryipfelar

Contributory [SECONDARY]

Signed Vernon Sutton M.D.
Mar 29 1927 Address Ravenscraft Tenn

* 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
Smith Chapel Cemetry 3/29 1927

20 UNDERTAKER ADDRESS
H.B. Sinter Sparta

WHITE 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.