

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

9304

1 PLACE OF DEATH
County White
Civil Dist. #1
OR
Village Sparta
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 941
Primary Registration District No. 1
File No. _____
Registered No. 16
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Matison, Crabtree

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

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

7 AGE about 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Berry, Crabtree

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Jane, Unknown

13 BIRTHPLACE OF MOTHER [State or country] Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs. Matilda, Crabtree
[Address] Sparta, Tenn

15
Filed 4/30/27 S. S. Richardson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 12 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1927 to April 12, 1927, that I last saw him alive on April 12, 1927 and that death occurred, on the date stated above, at 5 P M
The CAUSE OF DEATH* was as follows:
Chronic Pericarditis
Myocarditis [Duration] 1 yrs. 6 mos. 4 ds.
Contributory Caeruloprotein [SECONDARY] [Duration] yrs. mos. ds.
Signed Edgar C. Haurin, M. D.
April 22, 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 Lee, Cemetery DATE OF BURIAL 4/15 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta