

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. #1  
 OR  
 Village Sparta.#5  
 OR  
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

9306

CERTIFICATE OF DEATH

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 L.V. Robinson

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 February 16 1927  
 (Month) (Day) (Year)

7 AGE No yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Lem. Robinson

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Girnie. Looney

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lem. Robinson  
 [Address] Sparta.#5

15 Filed 4/30 1927 A. G. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 24 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 3 A.M.

The CAUSE OF DEATH\* was as follows:

No Doctor

Found Dead on Bed

[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 New Hope Cemetery DATE OF BURIAL 4/25 1927

20 UNDERTAKER A. B. Hunter ADDRESS Sparta