

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

Village Sparta

City (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 941

Primary Registration District No. 1

File No. _____

Registered No. 13

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

2 FULL NAME Daniel Lafayette Simril

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 5 1849
(Month) (Day) (Year)

7 AGE 78 yrs. 0 mos. 25 ds. 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 Daniel Simril

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Rachel Hunter

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Jim M. Lowrey

[Address] Sparta, Tenn

15 Filed 5/4 1927 A. G. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30 1927
(Month) [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 8 1927 to April 30 1927, that I last saw him alive on April 30 1927 and that death occurred, on the date stated above, at 3:30 AM

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis with valvular insufficiency

[Duration] yrs. mos. ds.
Contributory (SECONDARY) Recent travel of 7 hrs
Chronic Myocarditis [Duration] yrs. mos. ds.

Signed Edgar C. Hausman M. D.
May 4 1927 Address Sparta, 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 Hiland Cemetery DATE OF BURIAL 5/1 1927

20 UNDERTAKER A. B. Hunter ADDRESS Sparta