

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
 OR
 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. 9309

Registered No. 11

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

2 FULL NAME Clay Ballou

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 June 1 1927
 (Month) (Day) (Year)
 7 AGE 1 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Sparta R. 1

10 NAME OF FATHER Joe Ballou

11 BIRTHPLACE OF FATHER (State or country) White Co.

12 MAIDEN NAME OF MOTHER Eggie Ballou

13 BIRTHPLACE OF MOTHER (State or country) White Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Martin Young
 [Address] Sparta R. 4

15 Filed april 7 1927 A. H. Richardson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 1 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 to 192, that I last saw him alive on 192

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:
No Doctor in attendance

[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 Davis grave yard DATE OF BURIAL 1/4 1927

20 UNDERTAKER Martin Young ADDRESS Sparta R. 4