

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. #2

OR

Village Sparta.#3

OR

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

Registration District No. 943

Primary Registration District No. _____

File No. 19

Registered No. 19

2 FULL NAME Matson.T.Shockley

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

9310

CERTIFICATE OF DEATH

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 63 yrs. mos. ds.
If LESS than 1 day, . . . hrs. or . . . min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Essie Shockley

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Dicie Cummings

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 11 1922 to April 14 1927 that I last saw him live on 4-14-1927 and that death occurred, on the date stated above, at 9 PM

The CAUSE OF DEATH* was as follows:
Pneumonia of left
and Anterior 3 chambers

[Duration] 9 yrs. mos. ds.

Contributory [SECONDARY] Arteriosclerosis
[Duration] yrs. mos. 62 ds.

Signed W. M. Johnson M.D.
421 .1927 Address Sparta, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] William.E.Shockley

[Address] Sparta.#3

15 Filed Apr 21 1927 Miss J.B. Spaulding REGISTRAR

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 Union Cemetery DATE OF BURIAL 4/17 1927

20 UNDERTAKER H.B. Hunter ADDRESS Sparta