

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

STATE OF TENNESSEE

9311

County White

STATE BOARD OF HEALTH

Bureau of Vital Statistics

Civil Dist. 3

CERTIFICATE OF DEATH

OR  
Village Doyle

Registration District No. 943

File No. 17

OR  
City \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 17

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

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

2 FULL NAME Lansford, Milo, Moore

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH April 3, 1927  
[Month] [Day] [Year]

6 DATE OF BIRTH May 10 1855  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-1-1926 to 4-3-1927, that I last saw him alive on 4-2-1927 and that death occurred, on the date stated above, at 7 AM  
The CAUSE OF DEATH\* was as follows:  
Pulmonary TB

7 AGE 71 yrs. 10 mos. 23 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory [SECONDARY]  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Signed H. B. Cusban M. D.  
4-3-1927 Address Doyle Tenn

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Rev. Patrick Moore

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Elizabeth Neal

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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 \_\_\_\_\_

[Informant] Mrs. Eller Moore

[Address] Doyle, Tenn

15 Filed Apr 16, 1927 Mrs. J. B. Sparta REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Greenwood Cemetery DATE OF BURIAL 4/4 1927  
20 UNDERTAKER H. B. Cusban ADDRESS Sparta, Tenn