

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 11774

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 20

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

2 FULL NAME Gene Franklin Davis

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 Sept 14 1925
 (Month) (Day) (Year)

7 AGE 1 yrs. 8 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (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 Dalton Davis

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Effie Terry

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Dalton Davis
 [Address] Sparta, Tenn

15
 Filed 5/23 1927 S. G. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 19 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 18 1927 to May 19 1927 that I last saw live on May 19 1927 and that death occurred, on the date stated above, at 1:30 AM

The CAUSE OF DEATH* was as follows:
Cholera morbus
15

Contributory [SECONDARY] No
 [Duration] yrs. mos. ds.

Signed W. M. Johnson M. D.
5-21-27 Address Sparta

* 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 Highland Cemetery DATE OF BURIAL 5/19 1927

20 UNDERTAKER H. B. Thacker ADDRESS Sparta