

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.

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| 1 PLACE OF DEATH | | STATE OF TENNESSEE | |
| County <u>White</u> | | STATE BOARD OF HEALTH | |
| Civil Dist. <u>#1</u> | | Bureau of Vital Statistics | |
| OR | | CERTIFICATE OF DEATH <u>11776</u> | |
| Village <u>Sparta.</u> | | Registration District No. <u>941</u> | File No. _____ |
| OR | | Primary Registration District No. <u>1</u> | Registered No. <u>23</u> |
| City _____ (No. _____, St.; _____ Ward) | | [If death occurred in a hospital or institution, give its NAME instead of street and number.] | |
| 2 FULL NAME <u>Jones. Pennington</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| <u>Male</u> | <u>White</u> | <u>Widwed</u> | <u>May 23 1927</u> [Month] [Day] [Year] |
| 6 DATE OF BIRTH | | 17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192 | |
| <u>July 30 1851</u> (Month) (Day) (Year) | | that I last saw him alive on _____ 192 | |
| 7 AGE | If LESS than 1 day, _____ hrs. or _____ min.? | | and that death occurred, on the date stated above, at <u>30 AM</u> |
| <u>75 yrs. 9 mos. 23 ds.</u> | | | The CAUSE OF DEATH* was as follows: <u>205b</u> |
| 8 OCCUPATION | | No Doctor Never would have one Old age and hard Work | |
| (a) Trade, profession, or particular kind of work <u>Farmer</u> | | [Duration] _____ yrs. _____ mos. _____ ds. | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds. | |
| 9 BIRTHPLACE (State or country) <u>Tennessee</u> | | Signed _____ M. D. | |
| 10 NAME OF FATHER <u>Dave. Pennington</u> | | _____ 192 Address _____ | |
| 11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee</u> | | * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | |
| 12 MAIDEN NAME OF MOTHER <u>Jane. Haggan</u> | | 18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] | |
| 13 BIRTHPLACE OF MOTHER [State or country] <u>Tennessee</u> | | At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | Where was disease contracted, if not at place of death? _____ | |
| [Informant] <u>L.S. pennington</u> | | Former or usual residence _____ | |
| [Address] <u>Sparta. Tenn.</u> | | 19 PLACE OF BURIAL OR REMOVAL <u>Highland. Cemetry</u> | |
| 15 | | DATE OF BURIAL <u>5/24 1927</u> | |
| Filed <u>6/1 1927</u> | | 20 UNDERTAKER <u>H.B. Hunter</u> | |
| <u>A.S. Richards</u> REGISTRAR | | ADDRESS <u>Sparta</u> | |