

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 #4
 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. 11781

Registered No. 24

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

2 FULL NAME Baby of Frank & Ada Green

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 May 28 1927
 (Month) (Day) (Year)

7 AGE no yrs. no mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Frank Green

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Ada Green

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Frank Green
 [Address] Sparta #4

15 Filed 6/6 1927 A. L. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 31 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 31 1927 only one time that I last saw live on May 31 1927 and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows: Burshuts 99c

[Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed W. M. Johnson M. D.
6-3-1927 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 Mt. Gilead Cemetry DATE OF BURIAL 6/1 1927

20 UNDERTAKER H. B. ... ADDRESS ...