

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. I
 OR
 Village Sparta.
 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. _____
 Registered No. 32

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

2 FULL NAME Clifford Klein

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 Aug 23 1926
 (Month) (Day) (Year)

7 AGE No yrs. 10 mos. I ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER [State or country]

12 MAIDEN NAME OF MOTHER Lillie May Klein

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

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

15
 Filed 6/30/27 A. E. Richardson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 24 1927 to June 24 1927, that I last saw her alive on June 24, 1927, and that death occurred, on the date stated above, at 7 A M. The CAUSE OF DEATH* was as follows:

Calculus

[Duration] 8 yrs. _____ mos. _____ ds.

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

Signed W. M. Johns M. D.
6-25-27 Address Sparta, Tenn

* 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 6/25 1927

20 UNDERTAKER W. B. Hunter ADDRESS Sparta