

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

14257

Registration District No. 941

File No. _____

Primary Registration District No. 1

Registered No. 29

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

2 FULL NAME Ruby Estell Boles

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 23 1927
 (Month) (Day) (Year)

7 AGE 0 yrs. 2 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Syd. Boles

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Bessie Steel

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Bessie Steel

[Address] Sparta, Tenn

15

Filed 6/30 1927

S. G. Richardson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192____ to _____ 192____, that I last saw h_____ alive on _____ 192____

and that death occurred, on the date stated above, at 4-1-11

The CAUSE OF DEATH* was as follows:

No Doctor Died Sudden 204

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed _____ M. D.

192____ Address _____

* 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 Old. Bon. Air. Cemetry DATE OF BURIAL 6/29 1927

20 UNDERTAKER W. H. Kretz ADDRESS Sparta