

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. 1st
 OR
 Village Sparta
 OR
 City Tenn

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

14258

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 30

2 FULL NAME Harry Edward Vanhooser St.; Ward

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S
 6 DATE OF BIRTH May 20 1926
 (Month) (Day) (Year)
 7 AGE 1 yrs. 1 mos. 10 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)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER [State or country]

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] L. S. Vanhooser

[Address] Sparta, Tenn

15

Filed 7/1 1927

A. G. Richards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 30 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 27 1927 to June 30 1927, that I last saw him live on June 30 1927 and that death occurred, on the date stated above, at 9:25 PM

The CAUSE OF DEATH* was as follows:

Cholera morbus 15
?

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. 2 mos. ds.

Signed W. M. Johnson M. D.

July 1 1927 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.
 State whether or not an operation was performed.

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

DATE OF BURIAL

Johnson Cemetery July 1 1927

20 UNDERTAKER

ADDRESS

C. B. Clark White Co. Sparta