

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. II
 OR
 Village Sparta #8
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

14260

CERTIFICATE OF DEATH

Registration District No. 49411

File No. _____

Primary Registration District No. 11

Registered No. 8

2 FULL NAME Sewell Robinson

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 7 1849
 (Month) (Day) (Year)

7 AGE 77 yrs. 8 mos. 27 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 John Robinson

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Sallie Simpson

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Freeland Robinson

[Address] Sparta #8

15 Filed Sept 27 1927 Mrs. Payers Col REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 1 1927 to June 3 1927, that I last saw him alive on June 3 1927 and that death occurred, on the date stated above, at 10 am

The CAUSE OF DEATH* was as follows:
Unilateral 1014 Star pneumonia

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

Contributory [SECONDARY] old age

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

Signed A. A. Bradley M. D.
6-25-1927 Address Cookeville, R. 5

* 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 Board Valley Cemetery DATE OF BURIAL 6/5 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta