

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.

STATE OF TENNESSEE

14261

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County White
Civil Dist. 3rd
OR
Village Doyle Tenn
OR
City R. F. D.

Registration District No. 9403
Primary Registration District No. _____
(No. _____ St.; _____ Ward)

File No. 21
Registered No. 27

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

2 FULL NAME Robt Staupied Dodson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 8 1836
(Month) (Day) (Year)

7 AGE 90 yrs. 8 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmed 000
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Tennessee
(State or country)

10 NAME OF FATHER Jesse Dodson

11 BIRTHPLACE OF FATHER Tenn
[State or country]

12 MAIDEN NAME OF MOTHER Mrs Shackley

13 BIRTHPLACE OF MOTHER Tenn
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mr Dodson
[Address] Doyle Tenn

15
Filed June 18 1927 Wm. E. Spelman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended decedent from 6-12-1927 to 6-16-1927 that I last saw him alive on _____, 1927 and that death occurred, on the date stated above, at 11 A M

The CAUSE OF DEATH* was as follows:
Chronic Paralytic Nephritis
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed H. B. Urban M. D.
6-17-1927 Address Doyle 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 Green Wood DATE OF BURIAL June 18 1927

20 UNDERTAKER B. Clark White Co ADDRESS Doyle Tenn