

WRITE PLAINLY, WITH UNFADEING 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. 4
 OR
 Village Walling.
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

14263

Registration District No. 843
 Primary Registration District No. _____

File No. 29
 Registered No. 29

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

2 FULL NAME Plummer, Lee Anderson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 9 1903
 (Month) (Day) (Year)

7 AGE 24 yrs. 3 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Electrc. Light. Co 334
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER James Thomas Anderson

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Margrett Knowles

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. Bessie P. Anderson

[Address] Walling, Tenn

15 Filed July 9 1927 Mrs. G. B. Sparsman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 1925 to June 28, 1927, that I last saw him alive on June 28, 1927 and that death occurred, on the date stated above, at 6:30 AM
 The CAUSE OF DEATH* was as follows: 31 Pulmonary Tuberculosis

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

Signed E. L. Thorneyham M. D.
6/29/27 Address Rock Island

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 Pisgah Cemetery DATE OF BURIAL 6/30 1927

20 UNDERTAKER _____ ADDRESS _____