

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. 2
 OR
 Village Sparta.#3
 OR
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 943
 Primary Registration District No. _____

14265
 File No. 2B 23
 Registered No. 2B 23

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

2 FULL NAME Baby of Joseph & Florence Dodson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>May 8 1927</u> (Month) (Day) (Year)		
7 AGE <u>Still Born</u> yrs. mos. ds.		If LESS than 1 day, <u>16</u> hrs. or <u>16</u> 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) <u>Tennessee</u>		
10 NAME OF FATHER <u>Joseph Dodson</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>		
12 MAIDEN NAME OF MOTHER <u>Florence Frasier</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] S.F. Frasier
 [Address] Sparta.#3

15
 Filed May 14 1927 Mrs F B Sparkman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
May 8 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 8 1927 to May 8 1927, that I last saw him alive on _____, 1927, and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:
Toxemia from 160
Mother, who had
Nephritis and was
very toxic
 [Duration] yrs. mos. ds.

Contributory [SECONDARY]
A. J. Frasier [Duration] yrs. mos. ds.
 Signed _____ M. D.
 _____ 1927 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 <u>Frasier Cemetery</u>	DATE OF BURIAL <u>5/9 1927</u>
20 UNDERTAKER <u>J. B. Hudson</u>	ADDRESS <u>Sparta</u>