

MARGIN RESERVED FOR BINDING
 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. #1
 OR
 Village Sparta.
 OR
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

16871

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 36

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

2 FULL NAME Daniel Green Brown

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 Feb 7 1850
 (Month) (Day) (Year)

7 AGE 77 yrs. 5 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Retired Merchant
 (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) Tennessee

PARENTS
 10 NAME OF FATHER Unknown
 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] Crocket Brown
 [Address] Sparta, Tenn

15 Filed 7/16 1927 St. Richard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 7th 1927 to July 11th 1927, that I last saw him alive on July 11th 1927 and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of the stomach

[Duration] over 6 yrs. 6 mos. ds.
 Contributory [SECONDARY] Carcinoma of Liver & Gall bladder
 [Duration] over 6 yrs. 6 mos. ds.

Signed Claude E. Dobb M. D.
7/15/27 Address Sparta, Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Highland Cemetery DATE OF BURIAL 7/12 1927

20 UNDERTAKER 403 Hunter ADDRESS Sparta