

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. 3
 OR
 Village Doyle
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

16379

CERTIFICATE OF DEATH

Registration District No. 943

File No. 38

Primary Registration District No. _____

Registered No. 38

(No. _____, _____ St.; _____ Ward)

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

2 FULL NAME Samuel J. Garfield Helton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 13 1892
 (Month) (Day) (Year)

7 AGE 34 yrs. 10 mos. 25 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Miner
 (b) General nature of industry, business, or establishment in which employed (or employer) 0.80

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Gooch Helton

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Jinnie Randolph

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] GOOCH HELTON

[Address] Doyle Tenn

15

Filed 7-14-1927 Miss J. B. Sparta
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from 6-1-1927 to 6-8-1927 that I last saw him alive on 6-8-1927 and that death occurred, on the date stated above, at 30 M

The CAUSE OF DEATH* was as follows:
Pulmonary T.B.
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed H. B. Cusban M. D.
6-9-1927 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.

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 Bethlehem Cemetry DATE OF BURIAL 6/9 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta