

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. 6  
OR  
Village Sparta.5  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

16880

CERTIFICATE OF DEATH

Registration District No. 49486 File No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. 6

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

2 FULL NAME Daved. S. England

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 22, 1845  
(Month) (Day) (Year)

7 AGE 82 yrs. 3 mos. 16 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

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] Luther. Englan

[Address] Sparta. Tenn

15 Filed \_\_\_\_\_ 1917 Mrs. S. K. Ward  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8, 1927  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1927 to July 8, 1927, that I last saw him live on May 14, 1927 and that death occurred, on the date stated above, at 1 P M

The CAUSE OF DEATH\* was as follows:

nephritis - 129

[Duration] 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] Arteriosclerosis

[Duration] 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed W. M. Johnson M. D.

7-11-1927 Address Sparta 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

Zion. Cemetry

DATE OF BURIAL

7/9 1927 1917

20 UNDERTAKER

N. Hunter

ADDRESS

Sparta Tenn