

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, P.C.  
 OR  
 City (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward \_\_\_\_\_

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

16381

CERTIFICATE OF DEATH

Registration District No. H9406  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 5

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

2 FULL NAME John Stule

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH \_\_\_\_\_ 1 \_\_\_\_\_  
 (Month) (Day) (Year)

7 AGE about 74 yrs. mos. ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER \_\_\_\_\_

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] Lee Banks  
 [Address] Sparta R.H. 6

15 Filed \_\_\_\_\_ 192 \_\_\_\_\_  
Mrs. S.H. Ward  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22 192 7  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 1 192 7 to May 3 192 7, that I last saw him live on May 3 192 7 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
Nephritis 129  
 [Duration] \_\_\_\_\_ yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. mos. ds.

Signed J.D. Davis M. D.  
Aug 15 192 7 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. State whether or not an operation was performed.

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 Public Street DATE OF BURIAL \_\_\_\_\_ 192 \_\_\_\_\_

20 UNDERTAKER H.B. Hunter ADDRESS Sparta Tenn