

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH 16383

## 1 PLACE OF DEATH

County WhiteCivil Dist. #8OR  
Village Sparta #7OR  
City (No. , St.; Ward)Registration District No. 944

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

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

Registered No. 4

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

2 FULL NAME Eston. W. Selby

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH March 9 1886  
(Month) (Day) (Year)7 AGE 41 yrs. 4 mos. 13 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work On Farm (b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Alford. S. Selby11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Mary. Miller13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. S. Selby[Address] Sparta. #715 Filed July 26, 1927 A. A. Bradley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 22 1927  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from July 5 1927 to July 22 1927 that I last saw h. alive on July 22 1927and that death occurred, on the date stated above, at 8 P MThe CAUSE OF DEATH\* was as follows: Tubercular1. a[Duration] 17 yrs. 14 ds.Contributory [SECONDARY] Tubercular[Duration] 1 yrs. 1 mos. 1 ds.Signed W. B. Brock M. D.RR 1 191 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 DATE OF BURIAL

Blk. Oak. Cemetary 7/24 1927 AM20 UNDERTAKER ADDRESS W. B. Brock Sparta

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.