

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.#2

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

19188

File No. _____

Registered No. _____

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

2 FULL NAME Donald Thomas Alley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 26 1924
(Month) (Day) (Year)

7 AGE 3 yrs. 1 mos. 18 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER James M. Alley

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Minnie Williams

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Miss Florance Alley
[Address] Sparta Tenn #2

15 Filed 8/18 1927 J. G. Richardson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 14 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1927 to Aug 14 1927 that I last saw him live on Aug 9 1927 and that death occurred, on the date stated above, at 11 M

The CAUSE OF DEATH* was as follows:
Bronchitis - Pneumonia
100a

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

Signed W. M. Johnson M. D.
8.17.1927 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 Rose Cemetry DATE OF BURIAL 8/15 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta