

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. 1st
 OR
 Village Sparta #
 OR
 City _____ (No. _____, St. _____, Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

19189

CERTIFICATE OF DEATH

Registration District No. 941
 Primary Registration District No. _____

File No. _____
 Registered No. 43

2 FULL NAME Richard Giles Eller

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 5 May 1 1927
 (Month) (Day) (Year)

7 AGE 3 yrs. 3 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER E. V. Eller

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Birdie Steward

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. V. Steward

(Address) Sparta, Tenn

15 Filed 9/3 1927 A. S. Richardson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 31 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1 1927 to Aug 31 1927, that I last saw him alive on July 23 1927 and that death occurred, on the date stated above, at 4:30 P.M.
 The CAUSE OF DEATH* was as follows: 160

Acute Junctional Myocardium
 [Duration] _____ yrs. 2 mos. 18 ds.

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

Signed Edgar T. Hansen M. D.
 _____ 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. 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 Cherry Creek DATE OF BURIAL Sept 1 1927

20 UNDERTAKER Cherry Creek White & Co ADDRESS Sparta, Tenn