

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

19191

CERTIFICATE OF DEATH

Registration District No. 49406
 Primary Registration District No. _____

File No. _____

Registered No. 7

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

2 FULL NAME James.Eston.Sims

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 July 20 1901
 (Month) (Day) (Year)
 7 AGE 26 yrs. 0 mos. 17 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work School Teacher 862
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE (State or country) Tennessee

PARENTS
 10 NAME OF FATHER John.S.Sims
 11 BIRTHPLACE OF FATHER [State or country] Tennessee
 12 MAIDEN NAME OF MOTHER Alice.Gracy
 13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mark.Sims
 [Address] Nashville.Tenn

15 Filed _____ 1927
Mrs. S.K. Ward
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 6 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That attended deceased from July 12, 1927 to Aug 6, 1927
 that I last saw him alive on Aug 6, 1927

and that death occurred, on the date stated above, at 12 PM

The CAUSE OF DEATH* was as follows:
Typhoid fever

[Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY]
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J.D. Davis M. D.
Aug 11, 1927 Address Sparta Tenn

* State the DISEASE CAUSING DEATH, etc., 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 8/8 1927
 1927

20 UNDERTAKER H.B. Hunter ADDRESS Sparta