

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

19193

1 PLACE OF DEATH
County White
Civil Dist. 11 or Village _____ or City _____ (No. _____ St.; Ward _____)
Registration District No. 49411 File No. _____
Primary Registration District No. 11 Registered No. 3
2 FULL NAME Tring Lorel Clouse
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
6 DATE OF BIRTH Apr 18, 1927
(Month) (Day) (Year)
7 AGE 1 yrs. 20 mos. 20 ds. If LESS than 1 day, --- hrs. or --- min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
9 BIRTHPLACE (State or country) Tennessee
PARENTS
10 NAME OF FATHER Clarence Clouse
11 BIRTHPLACE OF FATHER (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Vady Clouse
13 BIRTHPLACE OF MOTHER (State or country) Tennessee
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Clouse
(Address) Sperry R. 2
15 Filed Apr 27, 1927 Mrs. Pover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 8, 1927
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Dysentery
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. C. Hester, M. D.
, 191____ (Address) Sperry R. 2
*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 Boardman DATE OF BURIAL May 9, 1927
20 UNDERTAKER W. C. Hester ADDRESS _____