

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. I3
 OR
 Village Clifty
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

19199

CERTIFICATE OF DEATH

Registration District No. 943
 Primary Registration District No. 13

File No. _____

Registered No. 13

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

2 FULL NAME Robert, Lee. Page

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 May 23 1925
 (Month) (Day) (Year)

7 AGE 2 yrs. 0 mos. 2 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Ed. Page

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Ora. Rackley

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Hobert. Page

[Address] Clifty, Tenn

15 Filed 1927 Mary L. Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 5 1927 to June 11 1927, that I last saw him alive on June 10 1927 and that death occurred, on the date stated above, at 5 P M

The CAUSE OF DEATH* was as follows:

Colitis

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

Signed E. B. Blank M. D.
July 7 1927 Address Boulter Lane

* 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 Clifty. Cemetry DATE OF BURIAL 6/12 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta