

MARGIN RESERVED FOR BINDING
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. 14
OR
Village Sparks Tenn
OR
City # R 710 (No. 14 St.; Ward)

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
19203
File No.
Registered No. 18
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Alford Burr Scott

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Mea 19 1891
(Month) (Day) (Year)

7 AGE 36 yrs. 5 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work See Labor on R.R.
(b) General nature of industry, business, or establishment in which employed (or employer) 640

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER James B Scott

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Mary Pruitt

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs Mary Scott
[Address] Sparks Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 24 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from Aug 21 1917 to Aug 24 1927, that I last saw him alive on Aug 24 1927 and that death occurred, on the date stated above, at 12:40 M
The CAUSE OF DEATH* was as follows: 114
catitis
[Duration] yrs. mos. ds.
Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.
Signed E B Clark M. D.
1917 Address Sparks T

* 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 Highland cemetery DATE OF BURIAL 8-26 1927

20 UNDERTAKER H B Hunter ADDRESS Sparks T

15 Filed _____ 191 _____
Mary L Cameron REGISTRAR