

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

21362

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County White
Civil Dist. 10
OR
Village Greentree
OR
City (No. , St.; Ward)Registration District No. 943

Primary Registration District No. _____

File No. 38Registered No. 38

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

2 FULL NAME Baby of Lem. & Lillie Spivey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH Sept 28 1927
(Month) (Day) (Year)7 AGE yrs. mos. ds.
If LESS than 1 day, 4 hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer Baby
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Lem. Spivey11 BIRTHPLACE OF FATHER [State or country] Tennessee12 MAIDEN NAME OF MOTHER Lillie Hale13 BIRTHPLACE OF MOTHER [State or country] Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Enoch Hale[Address] Greentree, Tenn15 Filed Oct 3 1927 Mr J. B. Spasman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 28 1927
[Month] [Day] 191 [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 8 PMThe CAUSE OF DEATH* was as follows:
Pertussis 6 1/2 mo
16 da
[Duration] yrs. mos. ds.Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.Signed J. E. Gaines M. D.
10 3 27 Address Sparta

* 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 DATE OF BURIAL

Loss Creek, Cemetery 9/29 192720 UNDERTAKER H. B. Sparta ADDRESS SpartaMARGIN 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.