

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

21364

County White

Civil Dist. 9

OR  
Village Sparta.#1

OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 94

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 6

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

2 FULL NAME William.L.baker

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 7 1838  
(Month) (Day) (Year)

7 AGE 88 yrs. 9 mos. 8 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) on Farm

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Johnison.Baker

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Manevie.Tollison

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Will.Wamon.Baker

[Address] Sparta.#1

15

Filed Sept 22, 1927 A.A. Bradley  
REGISTRAR

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1927  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 1927 to Aug 27 1927, that I last saw him live on Aug 27 1927 and that death occurred, on the date stated above, at 3 P M

The CAUSE OF DEATH\* was as follows:  
Chronic indigestion  
in stomach & bowels  
continued all the time  
[Duration] yrs. 1 mos. 18 ds.

Contributory [SECONDARY] Chronic indigestion  
[Duration] yrs. 6 mos. 6 ds.  
Signed A.A. Bradley M. D.  
Sept 19 1927 Address Cookeville 25

\* 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 Tollison.Cemetrey DATE OF BURIAL 9/16 1927

20 UNDERTAKER H.B. Hunter ADDRESS Sparta