

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

21365

County White

Civil Dist. I3

OR  
 Village Ravenscraft

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

Registration District No. 945

Primary Registration District No. 13

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

Registered No. 21

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

2 FULL NAME Alx. Page

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 \_\_\_\_\_  
 (Month) (Day) (Year)

7 AGE About 56 yrs. \_\_\_\_ mos. \_\_\_\_ ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION Coal Miner 080  
 (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

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER [State or country] ..

12 MAIDEN NAME OF MOTHER ..

13 BIRTHPLACE OF MOTHER [State or country] ..

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Cleo. Buttrum

[Address] Ravens Craft Tenn

15 \_\_\_\_\_

Filed \_\_\_\_\_ 1927 Mary L Cainera REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 1 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 29 1927, to Sept 1 1927, that I last saw him alive on Aug 31 1927 and that death occurred, on the date stated above, at 3 AM

The CAUSE OF DEATH\* was as follows:  
Typhoid fever 1a

[Duration] yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Signed Vernon J. Sutton M. D.  
Sept 3 1927 Address Ravenscraft Tenn

\* 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 Smith, Chapel, Cemetry DATE OF BURIAL 9/1 1927

20 UNDERTAKER H. S. Monte ADDRESS Sparta