

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. 13  
 OR  
 Village Ravenscraft  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

21366

Registration District No. 945  
 Primary Registration District No. 13

File No. \_\_\_\_\_  
 Registered No. 22

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

2 FULL NAME Joe Hampton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Unknown  
 (Month) (Day) (Year)

7 AGE about 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Coal Miner 0-80  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Tom Hampton

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Mat. Buchannon

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Eugene Hampton  
 [Address] Fayetteville, Tenn

15 Filed \_\_\_\_\_ 1927 Mary L Cameron  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 10 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1927, to Sept 10 1927, that I last saw him alive on Sept 10 1927 and that death occurred, on the date stated above, at 8 AM

The CAUSE OF DEATH was as follows:  
Lobar Pneumonia 101a

[Duration] yrs. mos. ds.  
 Contributory [SECONDARY] Asthma

Signed Vernon Sutton M. D.  
Sept 12 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 Sulphur Springs DATE OF BURIAL 9/12 1927

20 UNDERTAKER H B Hunter ADDRESS Garretts