

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. I

OR
Village Sparta.

OR
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

23527

Registration District No. 941

File No. _____

Primary Registration District No. 1

Registered No. 49

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

2 FULL NAME Ira. L. Hatfield, Jr

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 21 1927
(Month) (Day) (Year)

7 AGE NO yrs. NO mos. 3 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) Druggist. Baby

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Ira. L. Hatfield

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Eloire. Scott

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Ira. L. Hatfield

[Address] Sparta, Tenn

15 Filed 10/30/27 A. C. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1927
[Month] [Day] [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 12³⁰ AM

The CAUSE OF DEATH* was as follows:
Sudden? 205 b
undetermined
no post. illness

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

Signed W. M. Johnson M.D.
Oct 26, 1917 Address Sparta, 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 Highland. Cemetry DATE OF BURIAL 10/24 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta