

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

23528

CERTIFICATE OF DEATH

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 47

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

2 FULL NAME William. Flemings. Story

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 20 1846
 (Month) (Day) (Year)

7 AGE 80 yrs. 8 mos. 20 ds. If LESS than 1 day, _____ hr. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Attorney Law 850
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Noah. W. Story

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Catherine. Woodsey

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Mabel. Dean

[Address] Nashville. Tenn

15

Filed 10-20-1927 A. B. Richards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept I 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 192, to _____ 192,

that I last saw him alive on _____ 192, and that death occurred, on the date stated above, at 7:30 A

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach

[Duration] yrs. mos. ds.

Contributory Senility [SECONDARY]

[Duration] yrs. mos. ds.

Signed Edgar C. Hawkins M. D.
Sept 26 1927 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 Highland. Cemetry DATE OF BURIAL 9/2 1927

20 UNDERTAKER A. B. Richards ADDRESS Sparta