

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. #1

OR

Village Sparta. #5

OR

City _____ (No. _____, St.: _____ Ward _____)

Registration District No. 941

Primary Registration District No. 1

2 FULL NAME Walter Ben. Qualls

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

23530
File No. _____

Registered No. 51

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>Sept 30 1927</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Nov 9 1872</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____ 191__ to _____, 191__		
7 AGE <u>54 yrs. 10 mos. 21 ds.</u>			that I last saw h. alive on _____, 191__		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>On Farm</u>			and that death occurred, on the date stated above, at <u>1 P</u> M		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis active, chronic</u>		
9 BIRTHPLACE (State or country) <u>Tennessee</u>			[Duration] <u>4</u> yrs. mos. ds.		
10 NAME OF FATHER <u>Archa. Qualls</u>			Contributory [SECONDARY] _____		
11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee</u>			[Duration] _____ yrs. mos. ds.		
12 MAIDEN NAME OF MOTHER <u>Margrett. Gragg</u>			Signed <u>Edgar H. Hunter</u> M. D. <u>Oct 2/7 1927</u> Address <u>Sparta Tenn.</u>		
13 BIRTHPLACE OF MOTHER [State or country] <u>Tennessee</u>			* State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Mrs. W. B. Qualls</u>			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 _____		
[Address] <u>Sparta. #5</u>			19 PLACE OF BURIAL OR REMOVAL <u>Highland. Cemetry</u>		
15 Filed <u>10/6/27</u> by <u>A. J. Richards</u> REGISTRAR			DATE OF BURIAL <u>10/1 1927</u>		
			20 UNDERTAKER <u>H. B. Hunter</u>		
			ADDRESS <u>Sparta</u>		