

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

23532

1 PLACE OF DEATH

County White

Civil Dist. #5

OR
Village Walling.#1OR
City (No. , St.; Ward)

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

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

2 FULL NAME Robert Stiner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH Nov 23 1917
(Month) (Day) (Year)7 AGE 9 yrs. 10 mos. 18 ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work School Boy on Farm
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Lorenzo D. Stiner11 BIRTHPLACE OF FATHER [State or country] Ohio12 MAIDEN NAME OF MOTHER Amanda Dabbs13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Carrell Wheeler[Address] Bellbuckle, Tenn

15

Filed Nov 2 1917 Mr. J. B. Sporken
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11 1927
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1927 to Oct 9 1927, that I last saw him alive on Oct 9 1927 and that death occurred, on the date stated above, at 9 AM
The CAUSE OF DEATH* was as follows: 117
Appendicitis

Contributory [SECONDARY] _____

[Duration] ____ yrs. ____ mos. ____ ds.

Signed J. B. Sporken M. D.Oct 21, 1927 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 Sparta Cemetry DATE OF BURIAL 10/12 192720 UNDERTAKER A. B. Hunter ADDRESS SpartaMARGIN 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.