

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			STATE OF TENNESSEE		
County <u>White</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>3</u>			CERTIFICATE OF DEATH		
OR Village _____			Registration District No. <u>943</u>		File No. <u>41</u>
OR City <u>Doyle</u> (No. _____) St.; _____ Ward _____			Primary Registration District No. _____		Registered No. _____
2 FULL NAME <u>G. B. Gray</u>			[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>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>wid</u> (Write the word)	16 DATE OF DEATH <u>8-1-1927</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Apr -15-</u> <u>1855</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>5-1-</u> 1927, to <u>8-1-</u> 1927, that I last saw h. alive on <u>8-1-</u> 1927 and that death occurred, on the date stated above, at <u>67M</u> The CAUSE OF DEATH* was as follows: <u>75 b</u> <u>Paralysis</u>		
7 AGE <u>73</u> yrs. <u>3</u> mos. <u>17</u> ds.			If LESS than 1 day, _____ hrs. or _____ min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] yrs. mos. ds.		
9 BIRTHPLACE (State or country) <u>Vanburen Co. Tenn</u>			Contributory [SECONDARY] <u>Paralysis of Heart</u> [Duration] yrs. mos. ds.		
10 NAME OF FATHER <u>Richmond Gray</u>			Signed <u>H. B. Ainsworth</u> M. D. <u>8-2-</u> 1927 Address <u>Doyle Tenn</u>		
11 BIRTHPLACE OF FATHER [State or country] <u>Va</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.		
12 MAIDEN NAME OF MOTHER <u>Phoebe Gray</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 _____		
13 BIRTHPLACE OF MOTHER [State or country] <u>D.K.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Union</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Jennie Gray</u> [Address] <u>Doyle, Tenn</u>			DATE OF BURIAL <u>Aug 8 1927</u>		
15 Filed <u>Aug 10 1927</u> <u>Miss J. B. Spurr</u> REGISTRAR			20 UNDERTAKER <u>W. H. Angel</u>		
			ADDRESS <u>Doyle Tenn</u>		