

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	White		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist.	9th		CERTIFICATE OF DEATH		
OR Village			Registration District No.	944	
OR City			Primary Registration District No.		
			(No.)	St.;	Ward)
2 FULL NAME			23537 File No.		
			Registered No. 8		
			[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	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		
M	White	Single	Oct 28 1927		
			[Month] [Day] [Year]		
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from		
Oct 28 1927			Oct 28 1927, to Oct 28 1927,		
[Month] [Day] [Year]			that I last saw him alive on Oct 28 1927		
7 AGE			and that death occurred, on the date stated above, at 10:30 AM		
			The CAUSE OF DEATH* was as follows:		
8 OCCUPATION			Don't know. 2056		
(a) Trade, profession, or particular kind of work			Didn't have any		
None			Doctor.		
(b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] yrs. mos. ds.		
9 BIRTHPLACE (State or country)			Contributory [SECONDARY]		
Tennessee			[Duration] yrs. mos. ds.		
10 NAME OF FATHER			Signed		
Frank Hitchcock			Oct 31 1927		
11 BIRTHPLACE OF FATHER [State or country]			Address		
Tenn					
12 MAIDEN NAME OF MOTHER			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
Amanda Polton			State whether or not an operation was performed.		
13 BIRTHPLACE OF MOTHER [State or country]			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]		
Tenn			At place of death yrs. mos. ds. In the State yrs. mos. ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted, if not at place of death?		
[Informant] Haupt Nash.			Former or usual residence.		
[Address] Sparta, Tenn			19 PLACE OF BURIAL OR REMOVAL		
15 Filed Oct 29 1927 A. C. Bradley			Nash Cemetery		
REGISTRAR			DATE OF BURIAL		
			Oct 29 1927		
			20 UNDERTAKER		
			ADDRESS		
			Jessie Undergo Sparta		