

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

OR
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

25712

CERTIFICATE OF DEATH

Registration District No. 941

File No. _____

Primary Registration District No. 1

Registered No. 57

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

2 FULL NAME Baby of Joe.T.&.Maggie.B.Brown

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 1st 1927
 (Month) (Day) (Year)

7 AGE No yrs. No mos. 11 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Joe. Thomas. Brown

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Maggie. Bell. Carter

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Joe. T. Brown

[Address] Sparta.

15 Filed 11/15 27 A. S. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 11 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1927 to Nov 1 1927 that I last saw h... alive on _____, 1927

and that death occurred, on the date stated above, at 12:30 P M
 The CAUSE OF DEATH* was as follows:

Do not know
never saw it only at birth [Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] _____ [Duration] ____ yrs. ____ mos. ____ ds.

Signed A. E. Gaines M. D.
1114 27 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 Carter. Cemetry DATE OF BURIAL 11/12 1927

20 UNDERTAKER H. B. K... Sparta ADDRESS Sparta