

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

25713

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County White
Civil Dist. #1
OR
Village Sparta
OR
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 941Primary Registration District No. 1

File No. _____

Registered No. 55

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

2 FULL NAME Bob Sparkman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)6 DATE OF BIRTH Unknown
(Month) (Day) (Year)7 AGE about 82 yrs. 2 2 2 2 mo. 2 2 2 2 ds.
If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. Pub works
(b) General nature of industry, business, or establishment in which employed (or employer) 1969 BIRTHPLACE (State or country) UnknownPARENTS
10 NAME OF FATHER _____
11 BIRTHPLACE OF FATHER (State or country) _____
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Marshal Gardenhire[Address] Sparta, Tenn

15

Filed 11/31 by A. G. Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 19 1927
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw h_____ alive on _____ 191____ and that death occurred, on the date stated above, at 3 P MThe CAUSE OF DEATH* was as follows: 2056No Doctor old Age

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY]

[Duration] _____ yrs. _____ mos. _____ ds.

Signed: _____

M. D.

_____, 191____ Address _____

* 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

Lee Cemetery

DATE OF BURIAL

11/22 1927

20 UNDERTAKER

J. B. Hunter

ADDRESS

Sparta

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.