

MARGIN RESERVED FOR BINDING  
 WHITE 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 #5  
 OR  
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

25715

CERTIFICATE OF DEATH

Registration District No. 941

File No.

Primary Registration District No.

Registered No. 58

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

2 FULL NAME John Alexander Cooper

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 4 1852  
 (Month) (Day) (Year)

7 AGE 74 yrs. 10 mos. 12 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Ruben Cooper

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Vina Berkins

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mrs. J. A. Cooper  
 [Address] Sparta, Tenn #5

15 Filed 11/9 By A. G. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 16 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 13 1927 to Oct 16 1927, that I last saw him alive on Oct 16 1927 and that death occurred, on the date stated above, at 6 P M

The CAUSE OF DEATH\* was as follows: Cerebral hemorrhage 74

[Duration] yrs. mos. ds.

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

Signed E. B. Blank M. D.

Nov 6, 27 Address Bon Air Drive

\* 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 Highland Cemetery DATE OF BURIAL 10/17 1927

20 UNDERTAKER A. B. Nantz ADDRESS Sparta