

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. I2

OR
Village Sparta.#2

OR
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 941

File No.

Primary Registration District No. 1

Registered No. 57

2 FULL NAME Clara Lamb

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Unknown
(Month) (Day) (Year)

7 AGE about 69
yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Unknown

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] J. F. Lamb

[Address] Sparta.#2

15

Filed 11/10 by A. B. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1927 to Oct 23 1927 that I last saw her alive on Oct 22 1927 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Mitral heart disease
90.
[Duration] ? yrs. mos. ds.

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

Signed J. E. Gass M. D.
Nov 12 1927 Address Sparta Tenn

* 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 Farris Cemetery DATE OF BURIAL 11/8 1927

20 UNDERTAKER A. B. Hunter ADDRESS Sparta