

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. # 6
 OR
 Village Sparta. 6
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 49406
 Primary Registration District No. _____

File No. 25719
 Registered No. 11

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

2 FULL NAME Alonzo E. Elrod

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 Nov 16 1977
 (Month) (Day) (Year)

7 AGE 49 yrs. 11 mos. 25 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Fire Man at Saw Mill
 (b) General nature of industry, business, or establishment in which employed (or employer) _____ 176

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER [State or country] _____

12 MAIDEN NAME OF MOTHER Susen. Elrod

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Susen. Elrod
 [Address] Sparta. #7

15 Filed _____ M. Mrs. P. K. Ward REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 11 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 9 am. The CAUSE OF DEATH* was as follows: 187

No Doctor
Boiler Busted Crushed Head
Burned Hot Water [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 Carter Cemetery DATE OF BURIAL 11/12 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta