

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. PHYSICIAN 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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

25720

1 PLACE OF DEATH
 County White
 Civil Dist. 6
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

Registration District No. 49406
 Primary Registration District No. _____

File No. _____
 Registered No. 12

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

2 FULL NAME Ralph Jones

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE about 11 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) White Co.

10 NAME OF FATHER Thos. Jones

11 BIRTHPLACE OF FATHER (State or country) White Co.

12 MAIDEN NAME OF MOTHER Flora Myers

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] S. H. Davis
 [Address] Sparta R. 6.

15 Filed _____ 1927
Mrs. S. K. Way
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 26 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1927 to Nov 25 1927, that I last saw him alive on Nov 25 1927 and that death occurred, on the date stated above, at 9:00 M

The CAUSE OF DEATH* was as follows: 116
Fly

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

Signed S. H. Davis M. D.
Dec 9, 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. State whether or not an operation was performed.

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 Jones Cemetery DATE OF BURIAL Nov. 27, 1927

20 UNDERTAKER Johnny Jones ADDRESS Sparta Tenn