

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. I3
 OR
 Village Clifty
 OR
 City (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH **25724**

Registration District No. 945 File No. _____
 Primary Registration District No. 13 Registered No. 26

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

2 FULL NAME Isom Cole

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 Unknown 1 (Year)
 (Month) (Day)

7 AGE about 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Timber Cutter 058
 (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) 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] George Dyer
 [Address] Clifty, Tenn

15 Filed _____ M. Mary L Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 21 1927 191
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 1927 to Sept 1927, that I last saw him live in Sept 1927 and that death occurred, on the date stated above, at 8 P M

The CAUSE OF DEATH* was as follows: Pellagora 54

Contributory [SECONDARY] _____
 Signed E. B. Clark M. D.
Dec 9 1927 Address Box Air Line

* 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 Bakers x Roads DATE OF BURIAL 11/22 1927

20 UNDERTAKER H. B. Kuntz ADDRESS _____