

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. 14th
 OR
 Village Bonair, Tenn.
 OR
 City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

25725

Registration District No. 943
 Primary Registration District No. 14

File No. _____
 Registered No. 27
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Esco Mabe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Nov 7, 1902
 (Month) (Day) (Year)

7 AGE 25 yrs. 0 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Miner 080
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Frank Mabe

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Haggie Ann Hudgens

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] S. N. Rogers
 [Address] Bonair, Tenn.

15 Filed 1927 Mary L Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 22, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 1927 to Nov 22, 1927, that I last saw him alive on Nov 22, 1927 and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
colitis chronic 114

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

Signed E. B. Clark M. D.
Dec 9, 1927 Address Bon Air 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 New Bonair C DATE OF BURIAL Nov. 23, 1927

20 UNDERTAKER C. B. Clark ADDRESS Sparta