

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. 13th
 OR
 Village Clifty
 OR
 City Spri (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

25726

CERTIFICATE OF DEATH

Registration District No. 945 File No. _____
 Primary Registration District No. 13 Registered No. 28

2 FULL NAME William Marshall Templeton

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 4 1853
 (Month) (Day) (Year)

7 AGE 72 yrs. 7 mos. 19 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 0000

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER George Templeton

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary Tarriss

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] S. D. Templeton
 [Address] Ravenscroft

15 Mary L. Cameron
 Filed _____ 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1927 to Nov 23, 1927, that I last saw him alive on Nov 1927 and that death occurred, on the date stated above, at 4300
 The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____

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 Mt Pisgah DATE OF BURIAL Nov 24 1927

20 UNDERTAKER C. B. Clark ADDRESS Spota