

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. #1
 OR
 Village Sparta.
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

28584
 File No. _____
 Registered No. 63

2 FULL NAME Carlos West

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>March 12 1915</u> (Month) (Day) (Year)		
7 AGE <u>12</u> yrs. <u>8</u> mos. <u>27</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>School Boy</u> (b) General nature of industry, business, or establishment in which employed (or employer).		
9 BIRTHPLACE (State or country) <u>Tennessee</u>		
PARENTS	10 NAME OF FATHER <u>James Andrew West</u>	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee</u>	
	12 MAIDEN NAME OF MOTHER <u>Mary F. Smith</u>	
	13 BIRTHPLACE OF MOTHER [State or country] <u>Tennessee</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. A. West
 [Address] Sparta, Tenn

15
 Filed 1/5 1928 J. G. Richards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6 1927 to Dec 9 1927, that I last saw him alive on Dec 9 1927 and that death occurred, on the date stated above, at 2 AM
 The CAUSE OF DEATH* was as follows:
Bilateral Tubercles
Pneumonia
 [Duration] _____ yrs. _____ mos. 9 ds.
 Contributed by Spasms & Jaundice
 [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.
 Signed Edgar C. Hawkins M. D.
Dec 17 1927 Address Sparta

* 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 West. Cemetry DATE OF BURIAL 12/10 1927
 20 UNDERTAKER H. B. Newton ADDRESS Sparta