

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. 5th
 OR
 Village Sparta
 OR
 City Tenn. (No. _____) St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

28596

Registration District No. 943
 Primary Registration District No. _____

File No. 48

Registered No. 48

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

2 FULL NAME

W. C. Pollard

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 20 1863
 (Month) (Day) (Year)
 7 AGE 74 yrs. 4 mos. 11 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) 000

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER William Pollard

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Nancy Antrell

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Sarah Pollard
 [Address] Mulling R.R.#1

15

Filed Dec 3 1927 Mrs J. B. Spaulding
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 1 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192 that I last saw h _____ alive on _____ 192 and that death occurred, on the date stated above, at 1:30 PM

The CAUSE OF DEATH* was as follows: No Doctor 2056
Paralysis, believed to be cause of death
C. B. Clark, [Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] _____ [Duration] ____ yrs. ____ mos. ____ ds.
 Signed _____ M. D.

____ 192 ____ Address

* 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 Pollard Cemetery DATE OF BURIAL Dec 1 1927

20 UNDERTAKER C. B. Clark ADDRESS Sparta