

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. 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			STATE OF TENNESSEE	
County <u>Hamilton</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>1</u>			26766	
Village _____			CERTIFICATE OF DEATH	
on _____			Registration District No. <u>23301</u>	
City <u>Chattanooga</u> (No. <u>Chattanooga Hospital St.</u>)			File No. <u>1860</u>	
2 FULL NAME <u>W. C. Weaver</u>			Registered No. _____	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 MARRIAGE <u>Married</u> (Write the word)	18 DATE OF DEATH <u>Dec 27 1927</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>March 20 1875</u> (Month) (Day) (Year)			19 I HEREBY CERTIFY, That I attended deceased from <u>Dec 24 1927</u> to <u>Dec 27 1927</u> , and that death occurred, on the date stated above, at <u>1189</u>	
7 AGE <u>52 yrs. 8 mo. 7 da.</u>	11 LESS than 1 day _____ hrs. or _____ min.?		The CAUSE OF DEATH was as follows: <u>General Peritonitis</u>	
8 OCCUPATION <u>Mill Worker</u>	358		(Duration) _____ yrs. _____ mo. _____ da.	
9 BIRTHPLACE <u>Tennessee</u>	10 NAME OF FATHER <u>W. S. Weaver</u>		12 SIGNATURE OF PHYSICIAN <u>Dr. Stewart</u>	
PARENTS	11 BIRTHPLACE OF FATHER <u>Tennessee</u>		13 ADDRESS <u>Chattanooga Hosp.</u>	
	12 MAIDEN NAME OF MOTHER <u>Carolyn Hoover</u>		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Chattanooga Hospital</u>	
	13 BIRTHPLACE OF MOTHER <u>Unknown</u>		(Address) <u>Chattanooga, Tenn.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			15 LENGTH OF RESIDENCE (FOR HOSPITAL INSTITUTIONS TRANSIENTS OR RECENT RESIDENTS) At place _____ yrs. _____ mo. _____ da. In the _____ State _____ yrs. _____ mo. _____ da. Where was disease contracted? _____ If not at place of death? _____ Former or usual residence _____	
16 MRS. JAMES H. _____			18 PLACE OF BURIAL OR REMOVAL <u>Walter Lee</u>	
DEC 27 1927			19 UNDERTAKER <u>Harry Chapman & Co.</u>	
			DATE OF BURIAL <u>1/2/28</u>	
			ADDRESS <u>Chatt.</u>	