

Size 8 1/2 x 7 1/4

MARGIN RESERVED FOR BINDING

Form T. B. No. 4  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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 9406  
Civil Dis. 6th 9406  
Village or City (No. St.; Ward)  
Registration District No. 49406 File No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Reg. No. 10  
Length of residence in city or town where death occurred \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
(If nonresident give city or town and State)

STATE OF TENNESSEE  
STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

9745

2. FULL NAME Jacobs Farley  
(a) Residence: No. Sparta # 50 Ward. \_\_\_\_\_  
(If nonresident give city or town and State)

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>Married</u>		
6. If married, widowed, or divorced GESSAND of <u>Believe Farley</u> (or) WIFE of _____				
7. DATE OF BIRTH (month, day, and year) <u>July 12, 1890</u>				
7. a. Sex	Years	Months	Days	If LESS than 1 day, _____ hrs. _____ min.
	<u>45</u>	<u>8</u>	<u>28</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>House work</u>				
9. Industry or business to which work was done, as silk mill, saw mill, bank, etc. <u>on Farm</u>				
10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years, months, and days) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>				
13. NAME <u>Steve Farley</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>				
15. MOTHER'S NAME <u>Saprona Blankenship</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>				
17. INFORMANT <u>Believe Farley</u> (Address) <u>Sparta # 50</u>				
18. FUNERAL OBSERVATION, OR REMOVAL Place <u>Home</u> Date <u>April 11, 1935</u>				
19. UNDERTAKER <u>H. H. Hunter</u> (Address) <u>Sparta Tenn</u>				
20. FILED _____ 19 _____ <u>ms. Edward</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 7 1935 to Apr 10 1935

I last saw him/her alive on Apr 10 1935 death is held to have occurred on the date stated above, 12:30 P.M.

The principal cause of death and related causes of importance in order of causal sequence as follows: Acute Cholelithiasis Date of onset 12-7

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

Was last certified diagnosis: \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) E. B. Cant M. D.  
(Address) Sparta Tenn