

1 PLACE OF DEATH

County WhiteCivil Dist. 6(OR) Village Sparta #6

(OR) City _____

Registration District No. 49406

Primary Registration District No. _____

(No. _____ St. _____ Ward _____)

STATE OF TENNESSEE 392

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

File No. _____

Registered No. 12

If death occurred in a hospital or institution give the NAME instead of street and number.

2 FULL NAME Bryant H. Harris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE about 55 If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. on Farm (b) General nature of industry, business, or establishment in which employed (or employee). DCO9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Paul Turner11 BIRTHPLACE OF FATHER (State or country) VA12 MAIDEN NAME OF MOTHER VA13 BIRTHPLACE OF MOTHER (State or country) VA14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. S. Grissom(Address) Walling #115 (Name) Mrs. C.K. Ward

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 26 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 24 1927 to March 26 1927 that I last saw him alive on March 24 1927 and that death occurred, on the date stated above, at 1214 The CAUSE OF DEATH* was as follows: Pneumonia, lobar

(Disease) _____ yrs. _____ mo. _____ da.

Contributory (Secondary) _____ (Disease) _____ yrs. _____ mo. _____ da.

Signed Dr. D. Davis the 5 day of March 1927 Address Sparta Tenn.

* 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. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da. Where was disease contracted, if not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Grave, Main St. Church DATE OF BURIAL 3/2720 UNDERTAKER W.B. Hunter ADDRESS Charta

WRITE PLAINLY. USE 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. Expect statement of OCCUPATION to be very important. See instructions on back of certificate.

Form 10-10-27