

DO NOT TEAR OUT
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 38

Civil Dist. _____

Village _____

City _____

2 FULL NAME Preston Atlas

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. General Hosp. St. Ward)

File No. 1234

Registered No. 1234

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH _____ (Month) (Day) (Year) 995

7 AGE 30 yrs. _____ mos. _____ da. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) La.

10 NAME OF FATHER Wm. Atlas

11 BIRTHPLACE OF FATHER (State or country) La.

12 MAIDEN NAME OF MOTHER Emma Carroll

13 BIRTHPLACE OF MOTHER (State or country) La.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] W. E. Black

[Address] Gen. Hosp.

15 Filed 4-24-1925

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21, 1925
[Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from 4-17, 1925, to 4-21, 1925, that I last saw him alive on 4-21, 1925 and that death occurred, on the date stated above, at 3:00 P.M.
The CAUSE OF DEATH* was as follows:

Cerebro Spinal Syphilis
[Duration] _____ yrs. _____ mos. _____ da.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ da.

Signed Atis H. Beck, M. D.
4-22-1925 Address Gen. Hosp.

* 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. _____ da. In the State 15 yrs. _____ mos. _____ da.
Where was disease contracted, if not at place of death?
Former or usual residence 234 New S. 3rd.

19 PLACE OF BURIAL OR REMOVAL Zions DATE OF BURIAL 4-26-1925

20 UNDERTAKER Garbee Co. ADDRESS _____