

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

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

**1 PLACE OF DEATH**  
 County Benton Co.,  
 Civil Dist. 11th  
 OR  
 Village .....  
 OR  
 City Camden, Tenn., (No. ...., St.; ..... Ward)

Registration District No. 33  
 Primary Registration District No. 40311

File No. 35  
 Registered No. 1  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** W. C. Earp

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3 SEX</b> M	<b>4 COLOR OR RACE</b> White	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) <u>yes</u>
<b>6 DATE OF BIRTH</b> ..... <u>May</u> <u>6th</u> <u>1884</u> (Month) (Day) (Year)		
<b>7 AGE</b> <u>83</u> yrs. <u>10</u> mos. <u>18</u> ds.		If LESS than 1 day..... hrs. or..... min.?
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work..... <u>Farming</u> <u>000</u> (b) General nature of industry, business, or establishment in which employed (or employer).....		
<b>9 BIRTHPLACE</b> (State or country) <u>Benton County</u>		
<b>PARENTS</b>	<b>10 NAME OF FATHER</b> <u>Irvin Earp</u>	
	<b>11 BIRTHPLACE OF FATHER</b> [State or country] <u>N.C.</u>	
	<b>12 MAIDEN NAME OF MOTHER</b> <u>not known</u>	
<b>13 BIRTHPLACE OF MOTHER</b> [State or country] <u>not known</u>		

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] Ben Earp  
 [Address] Halleday Tenn.

**15**  
 Filed 4.8 1928 Houston Matth  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH:**  
Mar. 24th 1928  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY,** That I attended deceased from March 23 1928, to March 24, 1928, that I last saw him alive on March 23rd, 1928, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH\* was as follows:

Bronchial Pneumonia

[Duration]..... yrs..... mos..... ds.  
 Contributory Flu & Bronchitis Society  
 [SECONDARY]

[Duration]..... yrs..... mos. 12 ds.  
 Signed James M. Smyth, M. D.  
May 2, 1928 Address Camden

\* 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.....

<b>19 PLACE OF BURIAL OR REMOVAL</b> <u>Shiloh Cemetery</u>	<b>DATE OF BURIAL</b> <u>3-25</u> 19 <u>28</u>
<b>20 UNDERTAKER</b> <u>Bliss &amp; Lively</u>	<b>ADDRESS</b> <u>Camden</u>