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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Sullivan
Civil Dist. 11
OR
Village
OR
City Kingsport (No. , St. Ward)

Registration District No. 835 File No. 429 74
Primary Registration District No. Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Stuart Wilder Waher

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: March 18 1892 (Month) (Day) (Year)

7 AGE: 30 yrs. mos. 5 ds. 7
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Chemical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Eastman Company

9 BIRTHPLACE (State or country): Johnson City, Tenn

PARENTS
10 NAME OF FATHER: James A. Waher
11 BIRTHPLACE OF FATHER [State or country]:
12 MAIDEN NAME OF MOTHER: Rachael Wilder
13 BIRTHPLACE OF MOTHER [State or country]: Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Hamilton L. Waher
[Address] Box 1 Rt 1 Kingsport Tenn.

15
Filed 8/27, 1922 G B Lawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 25 [Month] [Day], 1922 [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 25 1922 to Aug 25, 1922
that I last saw him alive on Aug 25, 1922
and that death occurred, on the date stated above, at 7 P M

The CAUSE OF DEATH* was as follows:
Burns from explosion of
work oil distilling Int-
bit in Laboratory
[Duration] yrs. mos. 8 hours

Contributory [SECONDARY]
[Duration] yrs. mos. ds.

Signed E. W. Tipton, M. D.
Aug 27, 1922 Address Kingsport

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

19 PLACE OF BURIAL OR REMOVAL: Kingsport Tenn. DATE OF BURIAL: 8/27, 1922
20 UNDERTAKER: J M Hamlett. ADDRESS: Kingsport