

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 Shelby 91  
 Civil Dist. \_\_\_\_\_  
 OR  
 Village \_\_\_\_\_  
 OR  
 City Memphis (No. 1088 Volunteers Ward)  
 2 FULL NAME Walter Baker Shelby

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_  
 File No. 2982  
 Registered No. 2982  
 [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 W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH Aug. 15, 1886  
 (Month) (Day) (Year)

7 AGE 68 yrs. mos. ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER John C. Baker

11 BIRTHPLACE OF FATHER (State or country) Va.

12 MAIDEN NAME OF MOTHER Law. W. Weber

13 BIRTHPLACE OF MOTHER (State or country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] John B. Shelby  
 [Address] 1081 Volunteers

15 Filed 10-2-28 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30, 1928  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 3-8, 1928, to 9-30, 1928, that I last saw him alive on 9-21, 1928 and that death occurred, on the date stated above, at A. M.

The CAUSE OF DEATH\* was as follows:  
Cerebral Arterio-sclerosis  
 [Duration] yrs. 6 mos. ds.

Contributors [SECONDARY] Dementia Senile  
 [Duration] yrs. 6 mos. ds.

Signed Wm. T. Braun, M.D.  
 \_\_\_\_\_, 1928 Address \_\_\_\_\_

\* 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 68 yrs. mos. ds. State Life  
 Where was disease contracted, if not at place of death?  
 Former or usual residence 1081 Volunteers

19 PLACE OF BURIAL OR REMOVAL Cherrywood DATE OF BURIAL 10-2-28

20 UNDERTAKER J. D. Hinton ADDRESS \_\_\_\_\_