

MARGIN RESERVED FOR BINDING  
 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 Jackson  
 Civil Dist. # 4  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

File No. 370  
 Registered No. 8  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sarah Crowder

| PERSONAL AND STATISTICAL PARTICULARS   |   |  | MEDICAL CERTIFICATE OF DEATH  |  |
|--|---|--|---|--|
| 3 SEX<br><u>Female</u>   | 4 COLOR OR RACE<br><u>white</u>                                   | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED<br><u>Widowed</u><br><small>(Write the word)</small>  | 6 DATE OF DEATH<br><u>Aug. 1</u> , 19 <u>21</u><br><small>[Month] [Day] [Year]</small>  |  |
| 6 DATE OF BIRTH<br><u>Jan 20</u> , 18 <u>56</u><br><small>(Month) (Day) (Year)</small>                                 |   |  | 17 I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 19 <u>21</u> , to <u>Aug 1</u> , 19 <u>21</u> , that I last saw her alive on <u>Aug 1</u> , 19 <u>21</u> , and that death occurred, on the date stated above, at <u>4:45 P.M.</u> |  |
| 7 AGE<br><u>65</u> yrs. <u>6</u> mos. <u>11</u> ds.  |   |  | The CAUSE OF DEATH* was as follows:<br><u>Chronic nephritis</u><br>[Duration] <u>8</u> yrs. mos. ds.  |  |
| 8 OCCUPATION<br><u>House work</u>  |   |  | Contributory <u>asthma</u><br>[SECONDARY] [Duration] yrs. mos. ds.  |  |
| 9 BIRTHPLACE<br>(State or country)<br><u>Tenn</u>  |   |  | Signed <u>F. B. Clark</u> M. D.<br><u>Oct 2</u> , 19 <u>21</u> Address <u>Haydenburg</u>  |  |
| PARENTS  | 10 NAME OF FATHER<br><u>George Rain</u>                           |  | * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.   |  |
|  | 11 BIRTHPLACE OF FATHER<br>[State or country]<br><u>Not known</u> |  |   |  |
|  | 12 MAIDEN NAME OF MOTHER<br><u>Not known</u>                      |  |   |  |
| 13 BIRTHPLACE OF MOTHER<br>[State or country]<br><u>'' ''</u>  |   | 18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence _____ |   |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>[Informant] <u>Bill Gore</u><br>[Address] <u>Whitleyville Tenn</u> |   |  |   |  |
| 15 Filed <u>9-15-21</u>  |   |  | 19 PLACE OF BURIAL OR REMOVAL<br><u>West Grove yard</u><br>20 UNDERTAKER<br><u>H. E. Cherry</u>   |  |
|  |   |  | DATE OF BURIAL<br><u>Aug 2</u> , 19 <u>21</u><br>ADDRESS<br><u>Whitleyville</u>   |  |