

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

4. 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 Cook County
 Civil Dist. 14
 or Village _____
 or City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

346

369

Registration District No. 14414 File No. _____

Primary Registration District No. 14 Registered No. _____

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

2 FULL NAME Winey Bill Holland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

6 DATE OF BIRTH Dec 28, 1921
 (Month) (Day) (Year)

7 AGE 6 13 ds. If LESS than 1 day, -----hrs. or -----min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Kirk Holland

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Clara Cook

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. H. Cozart
 (Address) Haydenburg Ave

15 Filed July 19, 1922 Berry Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9, 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1922, to July 9, 1922, that I last saw her alive on July 7, 1922, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
intestinal toxemia
cause unknown
 113

Contributory (SECONDARY) _____ (Duration) ----- yrs. ----- mos. ----- ds.

(Signed) W. H. Cozart M. D. (Address) _____, 191 _____

*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 Holland, Tenn DATE OF BURIAL July 10, 1922

20 UNDERTAKER W. H. Cozart ADDRESS Willetts Ave