

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 | | STATE OF TENNESSEE | |
| County <u>Jackson</u> | | STATE BOARD OF HEALTH | |
| Civil Dist. <u>12</u> | | Bureau of Vital Statistics | |
| OR | | 7962 | |
| Village <u>Union</u> | | CERTIFICATE OF DEATH | |
| OR | | Registration District No. <u>44412</u> | |
| City _____ (No. _____ St. _____ Ward _____) | | File No. <u>5</u> | |
| 2 FULL NAME <u>Sarah Elisabeth West</u> | | Registered No. <u>5</u> | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> | 16 DATE OF DEATH <u>April 1 1927</u> |
| 6 DATE OF BIRTH <u>Sept 15 1924</u> | | 17 I HEREBY CERTIFY, That I attended deceased from <u>March 22 1927</u> to <u>March 29 1927</u> | |
| 7 AGE <u>2 yrs. 6 mos. 15 ds.</u> | | that I last saw her alive on <u>March 29 1927</u> | |
| 8 OCCUPATION <u>None</u> | | and that death occurred, on the date stated above, at <u>1 P M</u> | |
| 9 BIRTHPLACE (State or country) <u>Jackson Co Tenn</u> | | The CAUSE OF DEATH* was as follows: <u>Kidney trouble</u> | |
| 10 NAME OF FATHER <u>Bill H West</u> | | [Duration] yrs. mos. ds. | |
| 11 BIRTHPLACE OF FATHER [State or country] <u>N. C.</u> | | Contributory [SECONDARY] _____ | |
| 12 MAIDEN NAME OF MOTHER <u>Larrina Ednaus</u> | | Signature <u>J B Anderson</u> M. D. | |
| 13 BIRTHPLACE OF MOTHER [State or country] <u>Jackson Co Tenn</u> | | <u>4 28 1927</u> Address <u>Landmark R 1</u> | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | |
| [Informant] <u>M D Young</u> | | | |
| [Address] <u>Bloomington Tenn R 1</u> | | | |
| 15 | | 18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] | |
| Filed <u>4 28 1927</u> | | At place of death yrs. mos. ds. In the State yrs. mos. ds. | |
| <u>J. B. Billingsley</u> | | Where was disease contracted, if not at place of death? | |
| <u>Landmark R 1</u> | | Former or usual residence _____ | |
| REGISTRAR | | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | |
| | | <u>Flatt cemetery</u> <u>Apr 2 1927</u> | |
| | | 20 UNDERTAKER ADDRESS | |
| | | <u>R & Ednaus Bloomington R 1</u> | |