

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.

1 PLACE OF DEATH			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>13</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village			Registration District No. <u>44413</u>		
OR			Primary Registration District No. <u>13</u>		
City			Registered No. <u>20192</u>		
			File No. <u>123</u>		
			Registered No. <u>123</u>		
			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>Sarah Elizabeth York</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 <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Sept 24 1927</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>July 29 1846</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 18 1927</u> to <u>Sept 23 1927</u> that I last saw her alive on <u>Sept 23 1927</u> and that death occurred, on the date stated above, at <u>4 P. M.</u>		
7 AGE <u>81</u> yrs. <u>1</u> mos. <u>25</u> ds.		If LESS than 1 day..... hrs. or..... min.?	The CAUSE OF DEATH* was as follows: <u>Senile Dementia</u> <u>164</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Home Keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] <u>4</u> yrs. mos. ds.		
9 BIRTHPLACE (State or country) <u>Ken</u>			Contributory [SECONDARY] [Duration] yrs. mos. ds.		
PARENTS	10 NAME OF FATHER <u>Huron Crobbs</u>		Signed <u>J. D. ...</u> M. D.		
	11 BIRTHPLACE OF FATHER [State or country] <u>Ken</u>		<u>Sept 25 - 1927</u> Address <u>Whetley Hill</u>		
	12 MAIDEN NAME OF MOTHER <u>Lupinda Price</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER [State or country] <u>Ken</u>		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] At place of death <u>81</u> yrs. <u>1</u> mos. <u>25</u> ds. In the State <u>81</u> yrs. <u>1</u> mos. <u>25</u> ds. Where was disease contracted, if not at place of death? Former or usual residence			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] <u>B. P. Sorlier</u>					
[Address] <u>Whetley Hill</u>					
15			19 PLACE OF BURIAL OR REMOVAL <u>Crobbins County</u>		
Filed <u>Sept 25 1927</u>			DATE OF BURIAL <u>Sept 25 1927</u>		
REGISTRAR			20 UNDERTAKER <u>Dough & Dough</u>		
			ADDRESS <u>...</u>		