

DO NOT TEAR OUT  
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 co  
Civil Dist. no 2 Registration District No. 44402 File No. 20  
OR Village Haydenburg Primary Registration District No. 2 Registered No. 20  
OR City R 20 (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
2 FULL NAME miss. Aleie White  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH oct 1 1871  
(Month) (Day) (Year)

7 AGE 56 yrs. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
0 mos. 0 ds.

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

9 BIRTHPLACE (State or country) Jackson co Tenn

PARENTS

10 NAME OF FATHER Huston White

11 BIRTHPLACE OF FATHER [State or country] Jackson co Tenn

12 MAIDEN NAME OF MOTHER White

13 BIRTHPLACE OF MOTHER [State or country] Jackson co Tenn

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH oct 5 1927  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 \_\_\_\_\_ to 191 \_\_\_\_\_  
that I last saw her alive on oct 5 1927  
and that death occurred, on the date stated above, at 1202 W  
The CAUSE OF DEATH\* was as follows:  
Suffered to the heart trouble  
was sick only a few minutes  
no medical aid 205 b  
[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_  
[Duration] yrs. mos. ds.

Signed Alex Carter  
Rothenintaw  
oct 5 1927 Address Haydenburg R 2

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, 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 Jones Cemetery DATE OF BURIAL oct 5 1927

20 UNDERTAKER Sam Carter ADDRESS Haydenburg R 2

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_  
[Address] \_\_\_\_\_

15  
Filed \_\_\_\_\_ M. Alvin M. Cowley REGISTRAR