

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

County Johnston  
 Civil Dist. 14  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444  
 Primary Registration District No. 14

File No. 27052

Registered No. \_\_\_\_\_

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

2 FULL NAME Dorsey Hlatt

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 Nov 15 1912  
 (Month) (Day) (Year)

7 AGE 15 yrs. 2 mos. 2 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Walter Hlatt

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Dorcy Dixon

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Father Walter Hlatt

[Address] Dyersburg

15 \_\_\_\_\_  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 17 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1927 to Nov 17 1927, that I last saw her alive on Nov 17 1927

and that death occurred, on the date stated above, at 4 2 M  
 The CAUSE OF DEATH\* was as follows:

Tuberculosis of Bone  
 [Duration] yrs. mos. ds.

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

Signed Dr. C. W. Robinson M. D.  
 \_\_\_\_\_ 1927 Address Dyersburg

\* 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 Mullins of County DATE OF BURIAL \_\_\_\_\_ 1927

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_