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.

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

MARGIN RESERVED FOR BINDING

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

D' 7 239

1 PLACE OF DEATH

County Overton

Civil Dist. 1st

or Village

or City Alpood (No. ..., ... St.; ... Ward)

Registration District No. 726

Primary Registration District No. 47219

File No. 29

Registered No.

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

2 FULL NAME Carline L. Cooper

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: May (Month) 3 (Day), 1838 (Year)

7 AGE: 86 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Overton

PARENTS

10 NAME OF FATHER: Robert Goodwin

11 BIRTHPLACE OF FATHER [State or country]: Va.

12 MAIDEN NAME OF MOTHER: Susan Hodges

13 BIRTHPLACE OF MOTHER [State or country]: Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W. C. Cooper

[Address] Alpood, T.

15

Filed ...., 191.. L. M. Hubbard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 4 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Did not see her, 191.. to ...., 191..

that I last saw h... alive on during her illness, 191..

and that death occurred, on the date stated above, at 1 P. M

The CAUSE OF DEATH* was as follows:

Organic heart disease

Sudden death (Duration) 90 yrs. ... mos. ... ds.

Contributory [SECONDARY] .... (Duration) ... yrs. ... mos. ... ds.

Signed J. J. Moore, M. D.

Jan 4, 1924 Address Alpood

* 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	DATE OF BURIAL
	........., 191..
20 UNDERTAKER	**ADDRESS**

PRINTING DEPARTMENT, TENNESSEE INDUSTRIAL SCHOOL