

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 White
Civil Dist. 1
OR
Village Sparta
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 941
Primary Registration District No. 1

File No. 2216

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Martha Jane Johnson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ : _____ : _____
(Month) (Day) (Year)

7 AGE about 77 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Square Blevens

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary Yancy

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Francis Johnson
[Address] Sparta Tenn

15 Filed 2/3 1927 A. B. Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27, 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jun 26 1927 to Jan 26, 1927, that I last saw her alive on Jan 26, 1927 and that death occurred, on the date stated above, at 3:30 P M

The CAUSE OF DEATH* was as follows:
Myocardial heart lesion

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.

Signed A. E. Gaines M. D.
2-2-27 Address Sparta Tenn

* 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 Highland County DATE OF BURIAL 1/28 1927

20 UNDERTAKER A. B. Hunter ADDRESS Sparta