

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

2817

1 PLACE OF DEATH  
County White  
Civil Dist. 3  
OR  
Village Sparta #4  
OR  
City \_\_\_\_\_Registration District No. 943  
Primary Registration District No. \_\_\_\_\_  
(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)File No. 3  
Registered No. 3

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

2 FULL NAME Jada Fowler

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH July 9 1908  
(Month) (Day) (Year)7 AGE 18 yrs. 11 mos. 24 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION Oil Farm  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE Tennessee  
(State or country)10 NAME OF FATHER William Winnett11 BIRTHPLACE OF FATHER Tennessee  
[State or country]12 MAIDEN NAME OF MOTHER Ellet Miller13 BIRTHPLACE OF MOTHER Tennessee  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] John Faerber[Address] Sparta #415 Filed Jan 5 1911 Mrs. J. B. [unclear] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH July 3 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from 1-1-1927 to 1-3-1927 that I last saw her alive on 1-3-1927 and that death occurred, on the date stated above, at 4 M

The CAUSE OF DEATH\* was as follows:

Purpural Eclampsia  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_

Signed H. B. Austban M. D.1-4-1927 Address Dodge 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 Mt Gilead Cemetery #4 DATE OF BURIAL 192720 UNDERTAKER H. B. HunterADDRESS SpartaMARGIN 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.