

MARGIN 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, 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. 3
 OR
 Village Sparta # 3
 OR
 City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

2219

Registration District No. 943
 Primary Registration District No. _____

File No. 7

Registered No. 7

2 FULL NAME Pheda Melvin Butt (No. _____ St.; _____ Ward)

[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 Widowed
 (Write the word)

6 DATE OF BIRTH Aug 26 1858
 (Month) (Day) (Year)

7 AGE 68 yrs. 4 mos. 17 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) On Farm

9 BIRTHPLACE (State or country) Ind

10 NAME OF FATHER Jack Chandler

11 BIRTHPLACE OF FATHER (State or country) Ind

12 MAIDEN NAME OF MOTHER Nancy Farley

13 BIRTHPLACE OF MOTHER (State or country) Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs Nancy Martin

[Address] Sparta # 3

15 Filed Jan 19 1927 Mrs J. B. Sparta
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 1925 to Jan 13 1927 that I last saw her alive on Dec 21 1927 and that death occurred, on the date stated above, at 5 P M

The CAUSE OF DEATH* was as follows:
Concussion of left breast

[Duration] 8 yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] Asthma
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed M. W. Johnson M. D.
1-17-1927 Address Sparta # 3

* 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 Sparta DATE OF BURIAL 1/15 1927

20 UNDERTAKER A. B. Hunter ADDRESS Sparta