

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics4397⁸

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County White
Civil Dist. 2
OR
Village Sparta #2
OR
City _____ (No. _____ St.; _____ Ward)Registration District No. 942File No. 9

Primary Registration District No. _____

Registered No. 9

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

2 FULL NAME Sarah Emily Wilson

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 Feb 18 1841
(Month) (Day) (Year)7 AGE 85 yrs. 10 mos. 19 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) Old Farm9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER William G Cole11 BIRTHPLACE OF FATHER [State or country] Tennessee12 MAIDEN NAME OF MOTHER Martha Ann Ramsey13 BIRTHPLACE OF MOTHER [State or country] Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Ed Wilson[Address] Sparta Tenn15 Filed Feb. 8 1927 Mrs. T. B. Sparkman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw h. _____ alive on _____ 191____ and that death occurred, on the date stated above, at 1 AM
The CAUSE OF DEATH* was as follows: 164 no doctor old age

[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____

[Duration] yrs. mos. ds.

Signed _____ M. D.
_____, 191____ Address _____

* 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 wilson cemetery DATE OF BURIAL 2/8 192720 UNDERTAKER H. B. Hunter ADDRESS 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.