

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, 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 #1
 OR
 City (No. , St.; Ward)
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 4399
 Registration District No. 941 File No. _____
 Primary Registration District No. 1 Registered No. _____
 2 FULL NAME Laura May Wilson
 [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 (Write the word) -

6 DATE OF BIRTH June 18, 1925
 (Month) (Day) (Year)

7 AGE 1 yrs. 8 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Wade Wilson

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Callie Wheeler

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Wade Wilson
 [Address] Sparta #1

15
 Filed _____ 1925 A. G. Richardson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 21, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1927 to Feb 21, 1927, that I last saw him alive on Feb 21, 1927 and that death occurred, on the date stated above, at 11 P M
 The CAUSE OF DEATH* was as follows: Flu

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

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

Signed W. L. Brock M. D.
Feb 24, 1927 Address Sparta #1

* 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 Cemetery DATE OF BURIAL 2/23, 1927

20 UNDERTAKER W. B. Hunter ADDRESS Sparta