

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
 OR
 City _____ (No. _____ St.; Ward _____)
 Registration District No. 941
 Primary Registration District No. 1
 File No. _____
 Registered No. 8
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lillie Dean Coleman

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

6906

CERTIFICATE OF DEATH

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 Feb 9 1883
 (Month) (Day) (Year)

7 AGE 44 yrs. 1 mos. 1 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)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Elcaney S Campbell

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Laura Pile

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Ed D Coleman
 [Address] Sparta

15 Filed 4/6 1927 A. E. Richardson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 11 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 1925 to Mar 11 1927, that I last saw her live on 3. 10. 1927 and that death occurred, on the date stated above, at 5 AM

The CAUSE OF DEATH* was as follows:
Pulmonary Tbc.
 [Duration] ? yrs. _____ mos. _____ ds.

Contributory [SECONDARY] Asthenia
 [Duration] _____ yrs. 3 mos. _____ ds.

Signed M. M. Johnson M. D.
3. 12. 27 Address Sparta

* 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 3/11 1927

20 UNDERTAKER H. B. Kuster ADDRESS Sparta