

DO NOT TEAR OUT
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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

6910

PLACE OF DEATH
County White
Civil Dist. 4
OR
Village Welling
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 943
Primary Registration District No. _____

File No. 14
Registered No. 14
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elizabeth Seales

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(Write the word)

6 DATE OF BIRTH Dec 23 1887
(Month) (Day) (Year)

7 AGE 80 yrs. 3 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Sam Dodson

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Tucker

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] E. Seales
[Address] Welling

15 Filed Apr 6 1927 Mrs J. B. Sparkman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 20 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 22 1927 to March 30 1927 that I last saw her alive on March 30 1927 and that death occurred, on the date stated above, at 100² M.

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

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed E. L. Thompson M. D.
3/30 1927 Address Rock Island

* 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 Polk County DATE OF BURIAL 4/2 1927

20 UNDERTAKER C. B. Bessie ADDRESS Quibick