

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**  
**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**
9303

County White  
 Civil Dist. I  
 OR  
 Village Sparta  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; Ward \_\_\_\_\_)

Registration District No. 941  
 Primary Registration District No. 1  
 File No. \_\_\_\_\_  
 Registered No. 10

2 FULL NAME Cora. Effie. Hollinsworth

[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) Single

6 DATE OF BIRTH July 27 1907  
 (Month) (Day) (Year)

7 AGE 19 yrs. 8 mos. 5 ds.  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

**PARENTS**  
 10 NAME OF FATHER Robert. Lee. Hollinsworth  
 11 BIRTHPLACE OF FATHER [State or country] Tennessee  
 12 MAIDEN NAME OF MOTHER Gertrude. Sparkman  
 13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Gertrude. Hollinsworth  
 [Address] Sparta. Tenn

15  
 Filed 4/6 1927 S. G. Richards  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH April 2 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8 1926 to April 1 1927, that I last saw her alive on April 2 1927 and that death occurred, on the date stated above, at 7 AM The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis. chronic  
active  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory unknown  
 [SECONDARY] [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed Edgar C. Hawkins M. D.  
April 4 1927 Address Sparta. Tenn.

\* 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 Hodges Cemetry DATE OF BURIAL 4/3 1927  
 20 UNDERTAKER H. B. Keuder ADDRESS Sparta