

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

9313

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *White*Civil Dist. *7*OR
Village *Sparta #7*OR
CityRegistration District No. *49407*

Primary Registration District No.

File No. _____

Registered No. *1*

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

2 FULL NAME *Ada Vill Brown*

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 *NOV 25 1887*
(Month) (Day) (Year)7 AGE *39* yrs. *2* mos. *27* ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *On Farm*
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Tenn*10 NAME OF FATHER *Anthony Elrod*11 BIRTHPLACE OF FATHER (State or country) *Tennessee*12 MAIDEN NAME OF MOTHER *Mary Ward*13 BIRTHPLACE OF MOTHER (State or country) *Tennessee*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] *Beecher Brown*[Address] *Sparta #7*

15

Filed *1927* *T. C. Howell* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 22 1927*
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I ~~certified~~ deceased ~~from~~ *antique* 191 to 191that I last saw her alive on *Feb 7* 1927and that death occurred, on the date stated above, at *12 P* MThe CAUSE OF DEATH* was as follows:
*Chronic Pulmonary Tuberculosis
action, involving both Rt &
L ft chest.*
continuous [Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed *Edgar C. Haurio* M. D.*2/24* 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 DATE OF BURIAL

Eldridge Cemetery *2/23 1927*

20 UNDERTAKER ADDRESS

T. C. Howell *Sparta*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.