

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. #8  
 OR  
 Village Sparta.#7  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

9314

CERTIFICATE OF DEATH

Registration District No. 944  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2

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

2 FULL NAME Orlena Adcock

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 August 11 1859  
 (Month) (Day) (Year)

7 AGE 67 yrs. 8 mos. 2 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work on Farm  
 (b) General name of industry, business, or establishment in which employed (or employer) House Work

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Davied. Mabe

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Mary. Miloma

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] W.G. Adcock  
 [Address] Sparta.#7

15 Filed Apr. 14. 1927 A.A. Bradley,  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 13 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Apr. 11 1927 to Apr. 11 1927, that I last saw her alive on Apr. 11 1927 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:  
Cerebral apoplexia

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed A. A. Bradley, M.D.  
Apr. 14. 1927 Address Cookville 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 Saylors. Cemetry DATE OF BURIAL 4/13 1927

20 UNDERTAKER N.B. Hunter ADDRESS Sparta