

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. #II
 OR
 Village Sparta.#8
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

9315

CERTIFICATE OF DEATH

Registration District No. 49411
 Primary Registration District No. 11

File No. _____

Registered No. 7

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

2 FULL NAME Fannie J. Breeding

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 May 29 1841
 (Month) (Day) (Year)

7 AGE 85 yrs. 10 mos. 15 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) House Work

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Samuel Weaver

11 BIRTHPLACE OF FATHER [State or country] Mayland

12 MAIDEN NAME OF MOTHER Annie Hickman

13 BIRTHPLACE OF MOTHER [State or country] N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] E. Scott Breeding
 [Address] Sparta.#8

15 Filed May 20th 1927 Mrs. Razins Coke
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1927 to April 9, 1927
 that I last saw her alive on April 9, 1927

and that death occurred, on the date stated above, at 11 AM
 The CAUSE OF DEATH* was as follows: Hypostatic Pneumonia 201

[Duration] _____ yrs. _____ mos. 4 ds.

Contributory Senility with fracture of
 [SECONDARY] left hip.
 [Duration] _____ yrs. _____ mos. 8 ds.

Signed A. F. Richards M. D.
April 14 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 Breeding Cemetery DATE OF BURIAL 4/15 1927

20 UNDERTAKER H B Hunter ADDRESS Sparta