

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. # 13  
 OR  
 Village \_\_\_\_\_  
 OR  
 City Raven Croaf (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

9316

CERTIFICATE OF DEATH

Registration District No. 943 File No. \_\_\_\_\_  
 Primary Registration District No. 13 Registered No. 6

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

2 FULL NAME Mary L. Office

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SING., E. MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)  
 6 DATE OF BIRTH Sept 9 1905  
 (Month) (Day) (Year)  
 7 AGE 22 yrs. X mos. X 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 X  
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 9 1927  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from April 6 1927 to April 8 1927, that I last saw her alive on April 8 1927, and that death occurred, on the date stated above, at 5 P M  
 The CAUSE OF DEATH was as follows:  
Pneumonic Pleurisy  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.

Contributory [SECONDARY] \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed W. J. Waters M. D.  
4-9-1927 Address Wartburg

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 \_\_\_\_\_

PARENTS  
 10 NAME OF FATHER Tennessee  
 11 BIRTHPLACE OF FATHER Mal Office  
 [State or country]  
 12 MAIDEN NAME OF MOTHER Tennessee  
 13 BIRTHPLACE OF MOTHER Katie Smith  
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mal Office  
 [Address] Raven Croaf

15 Filed 1927 Mary L. Cameron REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Lee Cemetery DATE OF BURIAL April 10 1927  
 20 UNDERTAKER Ernest Howell ADDRESS Tulahoma