

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. #1
 OR
 Village Sparta, #3
 OR
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

11773

CERTIFICATE OF DEATH

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 21

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

2 FULL NAME Maggie, Elma, Goolsby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) ; ; ; ;

6 DATE OF BIRTH Sept 8 1921
 (Month) (Day) (Year)

7 AGE 5 yrs. 8 mos. 6 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Frank. Goolsby

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Elizabeth. McBride

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Frank. Goolsby

[Address] Sparta, Tenn

15 Filed 5/28 1927 A. S. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 12 1927 to May 14 1927 that I last saw her alive on May 14 1927 and that death occurred, on the date stated above, at 7 P M

The CAUSE OF DEATH* was as follows: 114
Diphtheria & Enteritis

[Duration] yrs. mos. 8 ds.

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

Signed Edgar C. Hawkins M. D. May 21 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 Highland. Cemetry DATE OF BURIAL 5/15 1927

20 UNDERTAKER N B Smith ADDRESS Spurline