

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.

1 PLACE OF DEATH
County White
Civil Dist. 1
OR
Village Sparta
OR
City (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 11775
Registration District No. 941
Primary Registration District No. 1
File No. _____
Registered No. 25
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Millie Carrick

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 (Year)
(Month) (Day)

7 AGE about 75 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER McKnew

11 BIRTHPLACE OF FATHER [State or country] _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER [State or country] _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Charlie Cook
[Address] Sparta

15

Filed 6/7 1917 A. B. Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22 1917
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 15 1917 to May 22 1917, that I last saw her alive on May 21 1917 and that death occurred, on the date stated above, at 2:00 AM
The CAUSE OF DEATH* was as follows: Stroke

[Duration] yrs. mos. ds.
Contributory [SECONDARY] Arterio-Sclerosis
[Duration] 7 yrs. mos. ds.

Signed W. J. W. Johnson M.D.
6-2-17 1917 Address Sparta

* 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 Mill Creek DATE OF BURIAL 5/22 1917

20 UNDERTAKER A. B. Richards ADDRESS Sparta