

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. I  
 OR  
 Village Sparta  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

11780

Registration District No. 941  
 Primary Registration District No. 1

File No. \_\_\_\_\_  
 Registered No. 28

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

2 FULL NAME Lual May Dockery

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 May 23 1925  
 (Month) (Day) (Year)

7 AGE 2 yrs. 3 mos. 7 ds.  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Sid. Dockery

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Lasaphine Bilabrough

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Sid. Dockery  
 [Address] Sparta, Tenn

15 Filed 6/9 1927 J. G. Richardson  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 30 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I certified deceased from May 30 1927 to May 30 1927, that I last saw her alive on May 30 1927 and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Disenteria with enteritis

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

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

Signed Edgar C. Hawkins M. D.  
May 31 1927 Address Sparta, Tenn

\* State the DISEASE CAUSING DEATH, if, 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 Cemetery DATE OF BURIAL 5/31 1927

20 UNDERTAKER J. G. Richardson ADDRESS Sparta