

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

14253

Registration District No. 941
Primary Registration District No. 1

File No. _____
Registered No. 34

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

2 FULL NAME Willie Ann Chison

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 20 1905
(Month) (Day) (Year)

7 AGE 21 yrs. 6 mos. 20 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House Work 960
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Robt. Sims

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Cealie Hickey

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Cealie Sims

[Address] Sparta, Tenn

15

Filed 6/30 1927

S. G. Richardson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1 1926 to June 4 1927, that I last saw her alive on June 4 1927 and that death occurred, on the date stated above, at 10 P M

The CAUSE OF DEATH was as follows:
Pulmonary Tuberculosis Actin

[Duration] 1 yrs. 6 mos. ds.

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

Signed Edgar C. Haines M. D.
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 Plum. Creek. Cemetry DATE OF BURIAL 6/5 1927

20 UNDERTAKER H. B. Haines ADDRESS Sparta