

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 _____

Registration District No. 94

Primary Registration District No. 1

(No. _____, St.; _____ Ward)

File No. _____

Registered No. 31

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

2 FULL NAME Margret. Oneda. Carter

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

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 April 1 1927
(Month) (Day) (Year)

7 AGE 0 yrs. 1 mos. 15 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Baby of Saw Mill Man
(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 Thomas. Carter

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Velva. West

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Thomas. Carter

[Address] Sparta. Tenn

15

Filed 6/30 7 A. G. Richardson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15 1927
(Month) [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 1 1927 June 15 1927, that I last saw her alive on June 10 1927 and that death occurred, on the date stated above, at 5 P M

The CAUSE OF DEATH* was as follows: Acute Junction 160

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

Contributory [SECONDARY] _____

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

Signed Edgar C. Hancock M. D.

June 16 1927 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 DATE OF BURIAL

West. Cemetry 6/16 1927

20 UNDERTAKER ADDRESS

H B Hunter Sparta