

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. 62
 OR
 Village Sparta
 OR
 City RX5

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 49406

Primary Registration District No. _____

File No. _____

Registered No. 3

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

2 FULL NAME Fannie M. Hutchins (No. _____, St. _____, Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)
 6 DATE OF BIRTH Jan 18 1904
 (Month) (Day) (Year)
 7 AGE 23 yrs. 3 mos. 19 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Jesse Hutchins
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Jung Cope
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Berdie Pittman
 [Address] Sparta Tenn RX5

15 Filed _____ 1927 Mrs. S. K. Ward
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 7 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 17 1927 to May 6 1927, that I last saw him alive on May 6 1927 and that death occurred, on the date stated above, at 6 P M

The CAUSE OF DEATH* was as follows:
IP of Lungs 31
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed S. D. Davis M. D.
May 10 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. State whether or not an operation was performed.

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 Plain View DATE OF BURIAL May 8 1927
 20 UNDERTAKER White Co Fun Co ADDRESS Sparta Tenn