

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.#2  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics **16373**

CERTIFICATE OF DEATH

Registration District No. 941 File No. \_\_\_\_\_  
Primary Registration District No. 1 Registered No. 37

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

2 FULL NAME Edith. Nell. Stewart

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 July 3 1926  
7 AGE 1 yrs. 0 mos. 25 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work Farmers Baby  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Claud. Stewart  
11 BIRTHPLACE OF FATHER [State or country] Tennessee  
12 MAIDEN NAME OF MOTHER Margrett. Sula. Howard  
13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Claud. Stewart  
[Address] Sparta.#2

15

Filed 7/30 1927 A. E. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28 1927  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 14 1927 to July 27 1928 that I last saw h<sup>e</sup> alive on July 27 1928 and that death occurred, on the date stated above, at 12 PM  
The CAUSE OF DEATH\* was as follows:

Illus Colitis 113  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Signed A. E. Richards M. D.  
730 27 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 Howard. Gemetrey DATE OF BURIAL 7/29 1927 M.

20 UNDERTAKER H. B. Hunter ADDRESS Sparta