

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. #12  
OR  
Village Sparta.#2  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

Registration District No. 941  
Primary Registration District No. 1

16874

File No. \_\_\_\_\_  
Registered No. 38

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

2 FULL NAME Jessie May Cooper

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 23 1926  
(Month) (Day) (Year)

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

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Merchant 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 Samuel R. Cooper

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary Burns

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] S.R. Cooper

[Address] Sparta.#2

15  
Filed 8/3 1927 A. S. Richards  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 26 1927 to July 30 1927 that I last saw her alive on July 30 1927 and that death occurred, on the date stated above, at 8 AM

The CAUSE OF DEATH\* was as follows: Illio Colitis 113  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

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

Signed A. E. James M. D.  
July 27 1927 Address Sparta

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 7/31 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta