

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. 2
 OR
 Village Sparta.#3
 OR
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

16375
 File No. 30
 Registered No. 36

Registration District No. 943
 Primary Registration District No. _____

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

2 FULL NAME Tabitha Hastin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Febry 6 1855
 (Month) (Day) (Year)

7 AGE 72 yrs. 4 mos. 28 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER George Davis

11 BIRTHPLACE OF FATHER [State or country] Kentucky

12 MAIDEN NAME OF MOTHER Nancy Moore

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. Jane Gamble

[Address] Sparta.#6

15 Filed _____ 1927 Mr. H. B. Neuster

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from 5-1-1927 to 7-4-1927 that I last saw her live on 7-4-1927 and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH* was as follows: 30
Chronic Organic Heart lesion
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] Fatty degeneration
 (Duration) _____ yrs. _____ mos. _____ ds.

Signed H. B. Neuster M. D.
7-5-1927 Address Doyle, Tenn

* State the DISEASE CAUSING DEATH, or, in death from VOLUNT 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 Union Cemetry DATE OF BURIAL 7/5 1927

20 UNDERTAKER H. B. Neuster ADDRESS Sparta