

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

16876

1 PLACE OF DEATH
County White
Civil Dist. #2
OR
Village Sparta.#3
OR
City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 943
Primary Registration District No. _____

File No. 32
Registered No. 32
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Rebecca Marie Lewis

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 May I 1927
(Month) (Day) (Year)

7 AGE No 2 yrs. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Tennessee
(State or country)

10 NAME OF FATHER B. Hayden Lewis

11 BIRTHPLACE OF FATHER Tennessee
[State or country]

12 MAIDEN NAME OF MOTHER Celia Passons

13 BIRTHPLACE OF MOTHER Tennessee
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] B.H. Lewis
[Address] Sparta.#3

15 Filed July 17, 1927 Mrs J.B. Spertman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 14 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191_____ to _____ 191_____, that I last saw h_____ alive on _____ 191_____, and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH* was as follows:
I never attended deceased after birth for ematium to live

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed D. E. Gammie M. D.
July 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 Union Cemetery DATE OF BURIAL 7/15 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta

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.