

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

16878

CERTIFICATE OF DEATH

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

Registration District No. 943
Primary Registration District No. _____

File No. 34
Registered No. 34

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

2 FULL NAME Mary Mitchell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** Col **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)** Single

6 DATE OF BIRTH Feb 20 1823
(Month) (Day) (Year)

7 AGE 104 yrs. 5 mos. 10 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House Work 960
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER [State or country] . . .

12 MAIDEN NAME OF MOTHER . . .

13 BIRTHPLACE OF MOTHER [State or country] . . .

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Violet Huddleston
[Address] Sparta, Tenn

15
Filed Aug 27 1927 Mrs J B Sparta
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 30 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 9 AM
The CAUSE OF DEATH*, was as follows:

No Doctor, Old Age 205b

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

Contributory [SECONDARY] _____

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

Signed _____, M. D.

_____, 191____ Address _____

* 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 Davis Cemetry **DATE OF BURIAL** 7/31 1927

20 UNDERTAKER W 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.