

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. #13
OR
Village Derosett
OR
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics **16884**

CERTIFICATE OF DEATH

Registration District No. 945 File No. _____
Primary Registration District No. 13 Registered No. 16

2 FULL NAME Minnie Ann Wilson

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

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 Dec 5 1926
(Month) (Day) (Year)
7 AGE No yrs. 7 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Baby Father Saw Mill Man
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tennessee
10 NAME OF FATHER Dibrell Wilson
11 BIRTHPLACE OF FATHER [State or country] Tennessee
12 MAIDEN NAME OF MOTHER Ellen Dodson
13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] M. R. Bryant
[Address] Sparta, Tenn

15 Filed _____ by Mary L Cameron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 18 1927 to July 18 1927, that I last saw her alive on July 18 1927 and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:
Whooping Cough

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

Signed Wesley S. Bell M. D.
July 22, 1927 Address Ramsey, 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 Smith, Chapel, Cemetery DATE OF BURIAL 7/19 1927

20 UNDERTAKER H B Hunter ADDRESS Sparta