

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. 1st  
 OR  
 Village Sparta  
 OR  
 City Tenn (No. \_\_\_\_\_, St.; Ward \_\_\_\_\_)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

19185

Registration District No. 941  
 Primary Registration District No. 1

File No. \_\_\_\_\_

Registered No. 39

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

2 FULL NAME

(Miss) Letha Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH August-11-1846  
 (Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Solomon Dodson

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Elizabeth Wilson

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Tennessee Stewart

[Address] Sparta Tenn

15 R. R. #

Filed Aug 4, 1917 A. G. Richardson  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 3 1917  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192, to \_\_\_\_\_, 192,

that I last saw him alive on \_\_\_\_\_, 192,

and that death occurred, on the date stated above, at 2:25 PM

The CAUSE OF DEATH\* was as follows: 205 b

No doctor attending Probable cause Paralysis

[Duration] yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Signed \_\_\_\_\_ M. D.

\_\_\_\_\_ 192 Address \_\_\_\_\_

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill, DATE OF BURIAL Aug 4, 1917

20 UNDERTAKER White ADDRESS Clark, Sparta Tenn