

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

19187

County White

Civil Dist. I

OR
Village Sparta.

OR
City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 941

Primary Registration District No. 1

File No. _____

Registered No. 43

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

2 FULL NAME Polly. Cunningham

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Unknown
(Month) (Day) (Year)

7 AGE about 84 yrs. . . . mos. . . . 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)

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] John. Lawson
[Address] Sparta. Tenn

15 Filed 8/15 1927 A. G. Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 7 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 . . . to _____ 192 . . .
that I last saw h_____ alive on _____ 192 . . .
and that death occurred, on the date stated above, at 1 P
The CAUSE OF DEATH* was as follows:

No Doctor
[Duration] _____ yrs. _____ mos. _____ ds.

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

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 Crawford. Cemetery DATE OF BURIAL 8/8 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta