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.

# STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

7 19190

1 PLACE OF DEATH
County White
Civil Dist. 5-7th
OR
Village Sparta
OR
City Tenn. (No. , , St.; Ward)

Registration District No. 943
Primary Registration District No.

File No. 35-
Registered No. 35-

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

2 FULL NAME Susana Swift.

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: July (Month) 31 (Day) 1845 (Year)

7 AGE: 72 yrs. 0 mos. 5 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] M. H. Howard
[Address] Walling R.R. #1.

15
Filed Aug 7 1917 Mrs J B Spurlman REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 6 (Day) 1917 (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 2 A M
The CAUSE OF DEATH* was as follows: Thought it was Paralysis 75b
No Physician
[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. 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. 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: Philidelphia — DATE OF BURIAL: Aug 6 1917

20 UNDERTAKER: C. B. Clark — ADDRESS: Sparta