

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. # 6
 OR
 Village Sparta. # 5
 OR
 City (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

19192

Registration District No. 49406
 Primary Registration District No. _____

File No. _____
 Registered No. 8

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

2 FULL NAME Alice Sims

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>December 19 1877</u> (Month) (Day) (Year)		
7 AGE <u>49</u> yrs. <u>7</u> mos. <u>18</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>House Work on Farm</u> (b) General nature of industry, business, or establishment in which employed (or employer).		
9 BIRTHPLACE (State or country) <u>Tennessee</u>		
PARENTS	10 NAME OF FATHER <u>James B. Gracy</u>	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee</u>	
	12 MAIDEN NAME OF MOTHER <u>Amanda Jones</u>	
	13 BIRTHPLACE OF MOTHER [State or country] <u>Tennessee</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mark Sims
 [Address] Nashville, Tenn

15
 Filed _____ 1927 Mrs. C. K. Ward
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
August 8 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 3 1927 to Aug 8 1927
 that I last saw her alive on Aug 8 1927

and that death occurred, on the date stated above, at 12 P M
 The CAUSE OF DEATH* was as follows:
Typhoid Fever 1 d

[Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY]
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J. D. Davis M. D.
Aug 11 1927 Address Sparta 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 Zion. Cemetry DATE OF BURIAL 8/9 1927 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta