

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

19201

CERTIFICATE OF DEATH

Registration District No. 945
Primary Registration District No. 13

File No. _____

Registered No. 157

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

2 FULL NAME Mozell Otterson

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 January 21 1927
(Month) (Day) (Year)

7 AGE No yrs. 4 mos. 28 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Will Otterson

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER J. Ann. Miller

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mannie Bess

[Address] Ravenscraft, Tenn

15 Filed 1927 Mary L Garrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 19 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 24 1927 to June 16 1927, that I last saw her alive on June 16 1927, and that death occurred, on the date stated above, at 1 AM
The CAUSE OF DEATH* was as follows: 1.60

Marasmus
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signature Edgar C. Harris M. D.
June 27 1927 Address Sparta

* 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 Ravenscraft, Cemetry DATE OF BURIAL 6/20 1927

20 UNDERTAKER H. B. Hunter ADDRESS Sparta