

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

21356

CERTIFICATE OF DEATH

Registration District No. 941

File No. _____

Primary Registration District No. 1

Registered No. 44

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

2 FULL NAME Maudie Stewart

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 9 1921
 (Month) (Day) (Year)

7 AGE 46 yrs. 5 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Thomas Davis

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Annis Card

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] L. D. Daniels

[Address] Cockfield Tenn

15 Filed 9/20 1927 S. H. Richards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept 15 1927 to 1927, that I last saw her alive on 1927 and that death occurred, on the date stated above, at 7:30 PM

The CAUSE OF DEATH was as follows:
Accident by Automobile
188c

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

Signed Edgar T. Hawkins M. D.
Sept 16 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. 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 Hick Cemetery DATE OF BURIAL Sept 16 1927
 20 UNDERTAKER C. B. Clark ADDRESS Sparta Tenn