

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. #1
 OR
 Village Sparta.
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

21357

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 45

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

2 FULL NAME Ida. Hull

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 25 1853
 (Month) (Day) (Year)

7 AGE 73 yrs. 6 mos. 21 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Canada

10 NAME OF FATHER Jessie. Kenward

11 BIRTHPLACE OF FATHER (State or country) Canada

12 MAIDEN NAME OF MOTHER Jane. Smith

13 BIRTHPLACE OF MOTHER (State or country) Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Ernest. Hull
 [Address] Sparta. Tenn

15

Filed 9/20 1927 J. L. Richards
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1927 to Sept 16 1927, that I last saw her alive on Sept 15 1927 and that death occurred, on the date stated above, at 3 am

The CAUSE OF DEATH* was as follows:
Valvular heart disease
90

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

Signed A. E. Gaines M. D.
Sept 21 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 Highland Cemetry DATE OF BURIAL 9/17 1927

20 UNDERTAKER H. B. Kuster ADDRESS Sparta