

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

21358

Registration District No. 941
 Primary Registration District No. 1

File No. _____
 Registered No. 46

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

2 FULL NAME Elsie Lenor Tompkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED 1 1 1 1 1 1
 (Write the word)

6 DATE OF BIRTH Oct 7 1926
 (Month) (Day) (Year)

7 AGE No yrs. II mos. 16 ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Floris.H.Tompkins

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Maud.Valley

13 BIRTHPLACE OF MOTHER [State or country] Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Floris.H.Tompkins
 [Address] Sparta, Tenn

15
 Filed 9/30 1927 A. P. Chaves
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 23 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16 1927 to Sept. 23 1927
 that I last saw h. alive on Sept 23 1927
 and that death occurred, on the date stated above, at 6 P. M
 The CAUSE OF DEATH* was as follows: 716

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

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

Signed Wm. Johnson M. D.
926 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 Highland.Cemetrey DATE OF BURIAL 9/24 1927

20 UNDERTAKER A. B. Kerster ADDRESS Sparta