STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 21359

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County White
Civil Dist. #3
OR Village Doyle
OR City ..... (No. ....., ... St.; ..... Ward)

Registration District No. 943
Primary Registration District No. .....
File No. 36
Registered No. 36

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

2 FULL NAME Bettie. Sparkman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 5 I890 (Month) (Day) (Year)

7 AGE 37 yrs. 0 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work on Farm
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER: Jim. Coon
11 BIRTHPLACE OF FATHER [State or country]: Tennessee
12 MAIDEN NAME OF MOTHER: Thena. Sparkman
13 BIRTHPLACE OF MOTHER [State or country]: Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bud. Sparkman
[Address] Doyle. Tenn

15
Filed 9/9 1927 Mrs. J. B. Sparkman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 3 I927 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 2-2- 192 5 to 9-3- 192 7, that I last saw h[illegible] alive on 9-2- 192 7 and that death occurred, on the date stated above, at 9 A M

The CAUSE OF DEATH* was as follows: 54

Pellagra

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

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

Signed H B Cusbaw M. D.
9-4 192 7 Address Doyle 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 Hodge. Cemetrey — DATE OF BURIAL 9/4 I927

20 UNDERTAKER H B Hunter — ADDRESS Doyle