

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

STATE OF TENNESSEE

County White

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

Civil Dist. 9

CERTIFICATE OF DEATH

21363

OR  
 Village Cookeville #5

Registration District No. 944

File No. 5

OR  
 City \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 5

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

2 FULL NAME Mary Maxene Johnson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Sept 6 1927  
 [Month] [Day] [Year]

6 DATE OF BIRTH Sept 2 1925  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1927 to Sept 6 1927, that I last saw her alive on Sept 7 1927, and that death occurred, on the date stated above, at 6 AM

7 AGE 2 yrs. no 4 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Sarcoma Left Kidney 49

9 BIRTHPLACE (State or country) Tennessee

[Duration] yrs. mos. ds.

10 NAME OF FATHER Frank Johnson

Contributory [SECONDARY] Don't know

11 BIRTHPLACE OF FATHER (State or country) Tennessee

[Duration] yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Willie Farley

Signed W. H. Taylor M.D.

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

Sept 9 1927 Address Cookeville, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[Informant] Mrs. Land Farley

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

[Address] Cookeville #5

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 \_\_\_\_\_

15

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Filed Sept 12 1927 A. A. Bradley

Jonson Cemetery 9/7 1927

REGISTRAR

20 UNDERTAKER ADDRESS

H. B. Hunter Sparta