

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.#2
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 23529
 Registration District No. 941
 Primary Registration District No. 1
 File No. _____
 Registered No. 48

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

2 FULL NAME Martha.Jane.Wilhite

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 9th 1845
 (Month) (Day) (Year)

7 AGE 81 yrs. 10 mos. 25 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 Leeander.Hamilton

11 BIRTHPLACE OF FATHER [State or country] S.C

12 MAIDEN NAME OF MOTHER Sallie.Stwert

13 BIRTHPLACE OF MOTHER [State or country] S.C

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] James.Wilhite
 [Address] Sparta.#2

15
 Filed 10/10 1927 S.G. Richerson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 4 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended once from one time 192 to 192, that I last saw her alive on July 1 1927 and that death occurred, on the date stated above, at 6 PM

The CAUSE OF DEATH* was as follows:
Cancer of Liver 43
Maxillary Bone

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

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

Signed Edgar C. Hausman M. D.
Sept 20 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 Whilhite Cemetry DATE OF BURIAL 9/5 1927

20 UNDERTAKER A.B. Nantz ADDRESS Sparta