

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County DeKalb *White*Civil Dist. 25 6OR  
Village Sparta #6OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Primary Registration District No. 49406

File No. \_\_\_\_\_

Registered No. 10

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

2 FULL NAME Carrie Henderson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Unknown  
(Month) (Day) (Year)7 AGE about 33 yrs. . . . mos. . . . ds. If LESS than 1 day, . . . hrs. or . . . min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work on Farm  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Cheat Henderson11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Mary Millem13 BIRTHPLACE OF MOTHER (State or country) Tennessee

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs. Dellar Taylor[Address] Sparta #6

15

Filed 11 Mrs. S. K. Ward

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 15, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927 to Oct 15, 1927, that I last saw her alive on Oct 12, 1927 and that death occurred, on the date stated above, at 5 P M  
The CAUSE OF DEATH\* was as follows:  
I.B. J. Surgery 31

[Duration] yrs. mos. ds.

Contributory [SECONDARY] AD Disease  
[Duration] yrs. mos. ds.Signed Oct 16, 1927 Address Sparta Tenn  
M. D.

\* State the DISEASE CAUSING DEATH or, in deaths from VIOLENCE, 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

India Mound CemeteryDATE OF BURIAL 10/16 192720 UNDERTAKER H B Hunter ADDRESS SpartaMARGIN RESERVED FOR BINDING  
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.