

MARGIN 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.

1 PLACE OF DEATH

County White

Civil Dist. I

OR
Village Sparta.#1

OR
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

25714

CERTIFICATE OF DEATH

Registration District No. 941

File No.

Primary Registration District No. 1

Registered No. 53

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

2 FULL NAME Linnie Gertrude Mathney

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 Dec 24 1922
(Month) (Day) (Year)

7 AGE 4 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Tennessee
(State or country)

10 NAME OF FATHER Jim Mathney

11 BIRTHPLACE OF FATHER Tennessee
[State or country]

12 MAIDEN NAME OF MOTHER Ollie Edmons

13 BIRTHPLACE OF MOTHER Tennessee
[State or country]

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

15 Filed 11/25 Blk. 27 A. L. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 19 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 1927 to Nov. 19 1927, that I last saw her alive on Nov. 19 1927 and that death occurred, on the date stated above, at 8 1/2 M

The CAUSE OF DEATH* was as follows:
Dysentery & enteritis 114

[Duration] yrs. mos. ds. 9 ds.
Contributory Probably run in diet
[SECONDARY]

[Duration] yrs. mos. ds.
Signed Edgar C. Harrison M. D.
Nov. 28 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 Blk. Oak. Cemetery DATE OF BURIAL 11/20 1927

20 UNDERTAKER A. L. Richards ADDRESS Sparta