

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

25717

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County White
 Civil Dist. 3rd
 OR
 Village Doyle
 OR
 City (No. _____ St.; _____ Ward)

Registration District No. 943

Primary Registration District No. _____

File No. 42

Registered No. 46

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

2 FULL NAME Mary Ellen Black

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby
 (Write the word)
 6 DATE OF BIRTH Aug 18, 1927
 (Month) (Day) (Year)
 7 AGE 2 yrs. 17 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country) White Co

10 NAME OF FATHER

Charlie Black

11 BIRTHPLACE OF FATHER

[State or country] Warren Co.

12 MAIDEN NAME OF MOTHER

Notie Knowls

13 BIRTHPLACE OF MOTHER

[State or country] White Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Charles Black

[Address] Doyle Tenn

15

Filed Nov 8 1927

Mrs J B Spurgeon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 4, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from

1927 to 1927

that I last saw h_____ alive on _____, 1927

and that death occurred, on the date stated above, at 11:20

The CAUSE OF DEATH* was as follows: 112

Indigestion and Premature Birth
 [Duration] yrs. mos.

Contributory

[SECONDARY]

[Duration] yrs. mos.

Signed H B Cusburn

11-8-1927 Address Doyle Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL. State whether or not an operation was performed.

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

At place of death yrs. mos. In the State yrs. mos.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REPOSE

Anderson

20 UNDERTAKER W. C. Angel

DATE OF BURIAL 11-5

ADDRESS Doyle